

South Carolina Department of Motor Vehicles REQUEST FOR DEALER LICENSE INFORMATION

Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons

DLA-11 (Rev. 9/15)

PART 1

	ng this form to obtain someone else's record should obtained only for certain uses. Federal Law defines				
	For use by any government agency in carrying out its functions. For use in connection with motor vehicle or driver safety and theft, emissions, product alteration, recalls or advisories; market research, survey research and removal of non-owner records from the original owner records of motor vehicle manufacturers.				
☐ 3.	For business to verify the accuracy of personal information given to that business or its agents by an individual.				
☐ 4. ☐ 5.	, , , , , , , , , , , , , , , , , , , ,				
	For use by an insurer for claims investigation, ratir				
	 For use in providing notice to owners of towed or impounded vehicles. For use by any licensed private investigation agency or licensed security service for any purpose permitted under this subsection. 				
	For use in connection with the operation of private toll transportation facilities. For use by any customer, if the customer has the written consent of the individual to whom the information pertains. (See Part 3)				
Privacy informat	penalty of perjury, I state that I am entitled to receive Protection Act of 1994 (18 USC, Chapter 123 as artion or give it to someone who uses it for an unauthous as a civil lawsuit where the minimum award is \$5,00	mended). I orized purp	further acknowledge th	nat if I misuse this	
*Print Name of Person/Business Requesting Information		Account	Account Number with DMV		
Fax Number		Phone N	Phone Number		
*Person/l	Business Complete Mailing Address	City	State	Zip Code	
•	re of Person Receiving Information			*Date	
PART 2	2 – Dealership Information		_		
Name of	Dealership:		Dealer Number:		
	nip Address:				
Dealersh	nip Owner Address:				
Informati	ion Requested:				
Fees:	☐ Dealer Application \$6.00 ☐ Bond Information \$6.00 ☐ Other		MAIL TO: SCDMV Dealer Aud P.O. Box 14 Blythewood		
DART 1	PART 3 – Consent: (only needed if box 10 is checked)				
I,, give consent for the release of my personal information to the person shown above.					
Signature	e of Person Giving Consent		Date		
OFFICE USE ONLY					
Identifica	ation presented by person receiving information Offi	ice Code	Employee Processing I	Request Date	