



SCDMV

Application for Certificate of Title and Registration for Motor Vehicle or Manufactured Home/Mobile Home Form 400 (Rev.1/05)

For more information, visit our website at www.scdmvonline.com or call our Customer Call Center at (803)896-5000.

Check the box next to the type of transaction you need. Please enclose the required documents and fees with your completed and signed application. For expedited services (within 3 business days) include an additional \$20.00 fee. Please print or type in black ink only. **DO NOT SEND CASH.**

<input type="checkbox"/> NEW TITLE & REGISTRATION 1) Manufacturer Statement of Origin (MSO) or Title. 2) Paid Property Tax Receipt 3) \$15.00 title fee and regular registration fee. 4) Sales Tax (5% of selling price or \$300.00 max.) 5) Insurance Information	<input type="checkbox"/> TITLE AND PLATE TRANSFER 1) Manufacturer Statement of Origin (MSO) or Title. 2) List Previous Tag # _____ 3) Previous registration in owner's name. 4) \$15.00 title + \$10.00 transfer fee 5) Sales Tax (5% of selling price or \$300.00 max.) 6) Insurance Information	<input type="checkbox"/> MOBILE OR MANUFACTURED HOME 1) Manufacturer Statement of Origin (MSO) or Title. 2) Consumer Insulation Report required for \$300.00 sales tax cap, if mobile home is energy efficient. 3) \$15.00 title fee	<input type="checkbox"/> TITLE ONLY 1) Manufacturer Statement of Origin (MSO) or Title. 2) \$15.00 title fee 3) Sales Tax (5% of selling price or \$300.00 max.) <input type="checkbox"/> DUPLICATE TITLE 1) ___ Lost ___ Stolen or ___ Destroyed Title 2) \$15.00 title fee.	<input type="checkbox"/> LEASED VEHICLE 1) Do not complete Section 3. Complete Section 4 and all other applicable sections. MAIL YOUR APPLICATION TO: SCDMV P.O. Box 1498 Blythewood, SC 29016 - 0024
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SECTION 1 - VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	MAKE	YEAR MAKE	BODY STYLE	MODEL	EMPTY WEIGHT	GWW
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SECTION 2 - ODOMETER MILEAGE

FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I STATE THAT THE ODOMETER NOW READS _____ (NO TENTHS) AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE **ACTUAL MILEAGE** OF THE VEHICLE DESCRIBED ABOVE **UNLESS** ONE OF THE FOLLOWING STATEMENTS IS CHECKED:

STOP DO NOT CHECK ONE OF THE FOLLOWING UNLESS IT APPLIES.

EXEMPT

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.

I CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING ODOMETER DISCREPANCY.**

SECTION 3 - OWNER INFORMATION

Your complete legal name must be used on all title and registration documents.

OWNER COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE)	CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC. OR FEIN NO.	DATE OF BIRTH
CO-OWNER COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE)	SHARED OWNERSHIP <input type="checkbox"/> AND <input type="checkbox"/> OR	CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC. OR FEIN NO. DATE OF BIRTH
RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE)	CITY	STATE ZIP CODE COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE ZIP CODE COUNTY
ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE)	CITY	STATE ZIP CODE COUNTY
DAYTIME TELEPHONE NUMBER	TEMPORARY ADDRESS (IF APPLICABLE)	EXPIRATION OF TEMPORARY ADDRESS

SECTION 4 - LEASING INFORMATION

Complete only for a leased vehicle.

LEASING COMPANY NAME	PHONE NO.	CONTACT PERSON	CUSTOMER NO.
ADDRESS	CITY	STATE	ZIP CODE
NAME OF LEASEE (PERSON LEASING VEHICLE)	DRIVER LICENSE NO., SOC. SEC. NO. OR FEIN NO.	DATE OF BIRTH	
RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE)	CITY	STATE ZIP CODE COUNTY	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE ZIP CODE COUNTY	
ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE)	CITY	STATE ZIP CODE COUNTY	

SECTION 5 - LIEN INFORMATION

CUSTOMER NO. OR FEIN NO.	LIENHOLDER NAME (FIRST LIEN)	DATE OF LIEN	CONTACT PERSON	TELEPHONE NUMBER
MAILING ADDRESS	CITY	STATE	ZIP CODE	
CUSTOMER NO. OR FEIN NO.	LIENHOLDER NAME (SECOND LIEN)	DATE OF LIEN	CONTACT PERSON	TELEPHONE NUMBER
MAILING ADDRESS	CITY	STATE	ZIP CODE	

SECTION 6 - SATISFACTION OF LIEN

SATISFACTION OF FIRST LIEN

THIS IS TO CERTIFY THAT THE LIEN AGAINST THE VEHICLE HAS BEEN FULLY SATISFIED ON:

DATE _____

NAME OF LIEN HOLDER _____

CERTIFIED BY _____

TITLE _____

SATISFACTION OF SECOND LIEN

THIS IS TO CERTIFY THAT THE LIEN AGAINST THE VEHICLE HAS BEEN FULLY SATISFIED ON:

DATE _____

NAME OF LIEN HOLDER _____

CERTIFIED BY _____

TITLE _____

SECTION 7 - SALES TAX EXEMPTION

Complete this section if you are entitled to a sales tax exemption.

VEHICLE PURCHASED FROM INDIVIDUALS AND TITLED IN SOUTH CAROLINA ARE SUBJECT TO SALES TAX UNLESS EXEMPT. THE TAX IS 5% OF THE SALES PRICE UP TO A MAXIMUM OF \$300.00. (MOBILE HOMES ARE CALCULATED DIFFERENTLY.)

- THE VEHICLE WAS TRANSFERRED FROM:
 - MY PARENT
 - MY SPOUSE
 - MY CHILD
 - MY BROTHER/SISTER
 - MY GRANDPARENT
 - MY GRANDCHILD
- THE VEHICLE WAS TRANSFERRED TO ME AS:
 - LEGAL HEIR
 - BENEFICIARY
 - DISTRIBUTTEE
- I AM NON-RESIDENT MILITARY PERSONNEL THE VEHICLE WAS A BONAFAIDE GIFT

SECTION 8 - ADDITIONAL INFORMATION

DATE OF PURCHASE _____		DATE FIRST OPERATED IN S.C. _____	ENERGY EFFICIENT MANUFACTURED/MOBILE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEW OR USED?	PRIOR TITLE NUMBER _____		PRIOR TITLE STATE _____	
THE VEHICLE DESCRIBED ON THIS APPLICATION IS: <input type="checkbox"/> REBUILDABLE <input type="checkbox"/> NON-REBUILDABLE				
THE VEHICLE SUSTAINED THE FOLLOWING DAMAGE: <input type="checkbox"/> COLLISION <input type="checkbox"/> FIRE <input type="checkbox"/> WATER <input type="checkbox"/> STOLEN (RECOVERED) <input type="checkbox"/> STOLEN (UNRECOVERED)				
AGENCY REFERENCE NUMBER _____	SALVAGE% _____		Calculate the Salvage Percentage: Predamaged Value _____ Estimate for Repairs _____ Percentage _____	

SECTION 9 - SELLER INFORMATION

SELLER OR DEALER NAME _____		SC DEALER/WHOLESALER NUMBER _____	SC SALES TAX NUMBER _____	SALES PRICE _____	
ADDRESS _____			CITY _____	STATE _____	ZIP CODE _____

SECTION 10 - INSURANCE CERTIFICATION

A VEHICLE MUST BE INSURED WITH LIABILITY INSURANCE COVERAGE WHEN IT IS REGISTERED AND IT MUST REMAIN INSURED WHILE REGISTERED, WHETHER OR NOT IT IS OPERATED, OR THE UNINSURED MOTORIST FEE MUST BE PAID. PENALTIES ARE SEVERE FOR VIOLATION OF THIS REQUIREMENT.

UNDER PENALTIES OF PERJURY, I (WE) DECLARE THAT THIS VEHICLE IS **INSURED BY A LIABILITY INSURANCE** POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN SOUTH CAROLINA AND IT WILL REMAIN INSURED THROUGHOUT THE REGISTRATION PERIOD.

NAME OF INSURANCE COMPANY _____

SECTION 11 - GIFT OF LIFE TRUST FUND

DO YOU WISH TO DONATE AN ADDITIONAL \$1.00 OR MORE TO THE GIFT OF LIFE TRUST FUND? YES NO AMOUNT \$ _____

SECTION 12 - SIGNATURE OF OWNER

UNDER PENALTIES OF PERJURY, I DECLARE THAT I AM THE OWNER OF THIS VEHICLE AND REQUEST THAT A SOUTH CAROLINA CERTIFICATE OF TITLE AND/OR REGISTRATION BE ISSUED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. THE VEHICLE IS SUBJECT TO THE LIENS NAMED AND NO OTHERS.

SIGNATURE OF OWNER (S) - MUST BE SIGNED IN INK BY OWNER OR AUTHORIZED AGENT (ATTACH POWER OF ATTORNEY IF APPLICABLE) _____ DATE _____

DISCLOSURE STATEMENT

56-3-240 (SOUTH CAROLINA CODE OF LAWS) - THE DEPARTMENT SHALL OBTAIN THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER WHEN A VEHICLE IS REGISTERED WITH A GROSS VEHICLE WEIGHT OF MORE THAN 26,000 POUNDS OR A BUS COMMON CARRIER. THE DRIVER PRIVACY PROTECTION ACT OF 1994 (DPPA), 18 USC SECTION 2721-2725 RESTRICT THE DISCLOSURE OF PERSONAL INFORMATION CONTAINED IN OUR RECORDS.

PENALTY FEES

FAILURE TO REGISTER WITHIN 45 DAYS OF THE DATE OF PURCHASE WILL RESULT IN PENALTY FEES IN ADDITION TO REGULAR TITLE AND/OR REGISTRATION FEES. THE LATE PENALTY FEE SCHEDULE IS AS FOLLOWS:
46 - 60 DAYS LATE - \$10.00 61 - 75 DAYS LATE - \$25.00 76 - 135 DAYS LATE - \$50.00 OVER 135 DAYS LATE - \$75.00

THIS SECTION FOR DMV USE ONLY

STAMP VEHICLE BRANDS

RATED BY _____	TRANSACTION FEES	
OFFICE/OFFICE NUMBER _____	EXPEDITED FEE _____	WEIGHT INCREASE _____
PLATE NUMBER _____	LICENSE FEE _____	TRANSFER _____
EXPIRATION DATE _____	UNINSURED FEE _____	TITLE _____
PLATE CLASS _____	USE OR SALES TAX _____	GIFT OF LIFE FUND _____
SUSPENSE REASON _____	PENALTY _____	TOTAL _____