



South Carolina Department of Motor Vehicles

Title and/or Registration Application

No *strikeovers, *erasures (*VIN / Odometer), correction tape, or correction fluid is acceptable on this form.

400
(Rev. 10/2024)

South Carolina and Federal law dictate that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website www.scdmvonline.com/Privacy.

Applications are accepted at SCDMV branch offices or can be mailed to: SCDMV, PO Box 1498 or 10311 Wilson Blvd., Blythewood, SC 29016-0038. Applications for apportioned plates are submitted to SCDMV Motor Carrier Services branch offices, or mailed to SCDMV, PO Box 1498, Blythewood, SC 29016-0027. Visit our website www.scdmvonline.com for a complete list of required documents and fees.

SECTION 1 – REQUIRED FOR ALL TRANSACTIONS

| | | | | | | | |
|--|---|---|--------------|------------------------------------|----------------|--------|-----------------|
| TRANSACTION TYPE <input type="checkbox"/> TITLE <input type="checkbox"/> REGISTRATION | TITLE SPECIFIC INFORMATION <input type="checkbox"/> EXPEDITE <small>(only title transactions, only in branch offices, additional \$20.00 fee)</small> <input type="checkbox"/> RECORD LIEN <input type="checkbox"/> DUPLICATE TITLE <input type="checkbox"/> LEASE | SPECIAL VEHICLE TYPE (if applicable) <input type="checkbox"/> MOPED <input type="checkbox"/> LOW SPEED VEHICLE | | | | | |
| VEHICLE INFORMATION | | | | | | | |
| VEHICLE IDENTIFICATION NUMBER (VIN) | MAKE | MODEL | YEAR | | | | |
| BODY STYLE | <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HYBRID or <input type="checkbox"/> ELECTRIC | EMPTY WEIGHT | | MOPED – ENGINE CCs OR WATTAGE | | | |
| OWNER/LESSEE INFORMATION | | | | | | | |
| <small>Your complete name is required on all title and registration documents.</small> | | | | | | | |
| NEW PRIMARY OWNER/LESSEE COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE) | | CUSTOMER NO., DL NO., SSN, OR FEIN | | DATE OF BIRTH | | | |
| NEW CO-OWNER/LESSEE COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE) | | SHARED OWNERSHIP <input type="checkbox"/> AND or <input type="checkbox"/> OR | | CUSTOMER NO., DL NO., SSN, OR FEIN | DATE OF BIRTH | | |
| PRIMARY OWNER'S/LESSEE RESIDENCE ADDRESS (APT. NO. IF APPLICABLE) | | | CITY | STATE | ZIP CODE | COUNTY | |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | | CITY | STATE | ZIP CODE | COUNTY | |
| UPDATE VOTER REGISTRATION | Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration: <input type="checkbox"/> Do not update my residence address. <input type="checkbox"/> Do not update my mailing address. | | | | | | |
| ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE) | | | CITY | STATE SC | ZIP CODE | COUNTY | |
| PHONE NUMBER | TEMPORARY ADDRESS (IF APPLICABLE) | | | EXPIRATION OF TEMPORARY ADDRESS | | | |
| LEASING COMPANY INFORMATION | | | | | | | |
| <small>Complete only for a leased vehicle</small> | | | | | | | |
| LEASING COMPANY NAME | | | PHONE NUMBER | | CONTACT PERSON | | CUSTOMER NUMBER |
| ADDRESS | | | CITY | STATE | ZIP CODE | COUNTY | |

SECTION 2 – ONLY REQUIRED FOR TITLE TRANSACTIONS

| | | | | | |
|--|---|--------------|----------------|--------------|----------|
| ODOMETER MILEAGE | | | | | |
| <small>Federal and state law requires that you state the mileage when the transferring ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.</small> | | | | | |
| I STATE THAT THE ODOMETER NOW READS _____ (MILES NOT KILOMETERS, 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: | | | | | |
| | DO NOT CHECK ONE OF THE FOLLOWING UNLESS IT APPLIES. | | | | |
| | <input type="checkbox"/> EXEMPT | | | | |
| | <input type="checkbox"/> I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS. | | | | |
| | <input type="checkbox"/> I CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING ODOMETER DISCREPANCY. | | | | |
| LIEN INFORMATION | | | | | |
| <small>ELT provider must include ELT customer Number.</small> | | | | | |
| CUSTOMER NO. OR FEIN | LIENHOLDER NAME (FIRST LIEN) | DATE OF LIEN | CONTACT PERSON | PHONE NUMBER | |
| MAILING ADDRESS | | | CITY | STATE | ZIP CODE |
| CUSTOMER NO. OR FEIN | LIENHOLDER NAME (SECOND LIEN) | DATE OF LIEN | CONTACT PERSON | PHONE NUMBER | |
| MAILING ADDRESS | | | CITY | STATE | ZIP CODE |



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SECTION 2 – CONTINUED

ADDITIONAL INFORMATION

| | | | |
|--------------------------|---------------------------|----------------------------------|--|
| PRIOR TITLE STATE | PRIOR TITLE NUMBER | DATE FIRST OPERATED IN SC | ENERGY EFFICIENT MANUFACTURED/MOBILE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------|---------------------------|----------------------------------|--|

IMF/SALES TAX

Vehicles purchased from individuals and titled in South Carolina are subject to IMF or sales tax unless exempt. The fee is 5% of the sales price up to a maximum of \$500.00. *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
 DISTRIBUTEE
 I am active-duty Military
 The vehicle was a bonafide gift

PURCHASE INFORMATION

*Gross capitalized cost is the original cost of the vehicle not including taxes, interest, or cab customizing and is used to calculate the road use fee for vehicles that have a gross vehicle weight (GVW) of 26,001 lbs. or more. Leave blank if this does not apply to your vehicle.

| | | | | | | |
|------------------------------|----------------------|---|-------------------------|--------------------|--------------------------------|------------------------|
| SELLER OR DEALER NAME | | ADDRESS | | CITY | STATE | ZIP CODE |
| DEALER NO. | SALES TAX NO. | <input type="checkbox"/> NEW or <input type="checkbox"/> USED | DATE OF PURCHASE | SALES PRICE | *GROSS CAPITALIZED COST | TRADE-IN AMOUNT |

SECTION 3 – ONLY REQUIRED FOR REGISTRATION TRANSACTIONS

SELECT DESIRED TRANSACTION

| | | | | |
|---|---|----------------------------------|--|--|
| <input type="checkbox"/> NEW PLATE | <input type="checkbox"/> TRANSFER PLATE | PLATE NUMBER TO TRANSFER | <input type="checkbox"/> EXCHANGE | NEW PLATE TYPE |
| GROSS VEHICLE WEIGHT (GVW) | <input type="checkbox"/> TO INCREASE GROSS VEHICLE WEIGHT | NEW GROSS VEHICLE WEIGHT: | | <input type="checkbox"/> COMMERCIAL or <input type="checkbox"/> NON-COMMERCIAL |

DISCLOSURE

Required only for vehicles 26,000 lbs. or greater and bus common carriers

The Department must obtain the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) when a vehicle is registered with a **GVW of more than 26,000 pounds** or a bus common carrier (SC Code §56-3-240).

| | |
|--|--------------------|
| | SSN or FEIN |
|--|--------------------|

INSURANCE CERTIFICATION

A vehicle must be insured with liability insurance coverage through a company licensed to do business in South Carolina, when it is registered, and it must remain insured while registered.

| | |
|--|--------------------------|
| I (WE) DECLARE THAT THIS VEHICLE IS INSURED WITH: | INSURANCE COMPANY |
|--|--------------------------|

SECTION 4 – REQUIRED FOR ALL TRANSACTIONS

DONATE LIFE SC

| | |
|---|---------------------------|
| <input type="checkbox"/> YES, I WISH TO DONATE \$5.00, MORE OR LESS, TO DONATE LIFE SC. | AMOUNT OF DONATION: \$ |
|---|---------------------------|

SIGNATURE OF OWNER

I DECLARE THAT I AM THE OWNER OF THIS VEHICLE. I REQUEST THAT A SOUTH CAROLINA CERTIFICATE OF TITLE AND/OR REGISTRATION BE ISSUED. THE VEHICLE IS SUBJECT TO THE LIENS NAMED AND NO OTHERS. IF REGISTERING A COMMERCIAL VEHICLE OVER 10,000 lbs., I CERTIFY THAT I AM FAMILIAR WITH THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND/OR FEDERAL HAZARDOUS MATERIALS REGULATIONS. UNDER PENALTY OF PERJURY, I CERTIFY ALL INFORMATION PROVIDED IS TRUE AND CURRENT.

| | | | |
|--------------|-------------|-----------------|-------------|
| OWNER | DATE | CO-OWNER | DATE |
|--------------|-------------|-----------------|-------------|

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

FAILURE TO REGISTER WITHIN 45 DAYS OF THE DATE OF PURCHASE OR THE DATE OF OPERATION IN SOUTH CAROLINA WILL RESULT IN A PENALTY FEE IN ADDITION TO THE REGULAR TITLE AND/OR REGISTRATION FEE(S). 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 SHORT-TERM RENTAL COMPANIES AND DEALERS ONLY

THE ABOVE VEHICLE IS FOR:

DEALER RESALE

SHORT-TERM RENTAL USE BY A LICENSED DEALER

THIS SECTION FOR DMV USE ONLY

| | | |
|---------------------------|--|-------|
| PROCESSED BY AND OFFICE # | PLATE NUMBER/ <input type="checkbox"/> SP-45 | BRAND |
|---------------------------|--|-------|