



South Carolina Department of Motor Vehicles Application for Duplicate Registration

3090
(Rev. 12/15)

Duplicate Registration \$1.00
Complete Sections 1, 2, 4 and 5

Remove Disabled Authorized Individual \$1.00
Complete Sections 1, 2, 3 and 4

Mail completed application along with a check or money order **(NO CASH ACCEPTED)** payable to
South Carolina Department of Motor Vehicles
P O Box 1498
Blythewood, SC 29016-0019

** indicates optional information

Section 1 – Vehicle Information

License Plate Number: _____ Make _____ Year: _____

Vehicle Identification Number: _____

Section 2 – Registered Owner's Information

Last Name _____ First Name _____ Middle Name _____

Residential Address: _____

I understand the Department will send mail to the residence address above unless I have specified a mailing address below.

Mailing Address (If different) _____

City _____ State _____ Zip Code _____ Email** _____

(Area Code) Telephone Number ** _____

Section 3 – Removal of Authorized Disabled Individual

I hereby authorize the SC Department of Motor Vehicles to remove the name(s) of the following individual(s) from the Disabled Parking Authorized section of the registration certificate. I am aware that if this is the **only** disabled authorized name listed, I am no longer eligible to maintain a disabled license plate and must surrender the plate to SCDMV immediately and make application for a different plate.

Disabled Authorized Individual(s) to be removed:

Last Name _____ First Name _____ Middle Name _____

Last Name _____ First Name _____ Middle Name _____

Section 4 – Donate Life

Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ _____.

Section 5 – Registered Owner Authorization

I certify that I am the registered owner listed in Section 2 and I authorize the action requested.

Signature of Registered Owner _____

Date

DMV USE ONLY

Check No. _____ Amount _____ Specialist Initials _____