



South Carolina Department of Motor Vehicles

Form 400
(03/2022)

Title Application

No strikeovers, erasures or correction fluid is acceptable on this form.

South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further 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 branches or can be mailed to: SCDMV P.O. Box 1498 – 10311 Wilson Blvd, Blythewood, SC 29016-0038
Motor Carrier Services applications can be mailed to SCDMV P.O. Box 1498, Blythewood, SC 29016-0027. Visit our website www.scdmvonline.com for a complete list of required documents and fees.

SECTION A EXPEDITE (additional \$20.00 fee) Check here to expedite this title. Title can only be expedited in branch office.

CHECK ALL THAT APPLY

TITLE NEW PLATE TRANSFER PLATE NUMBER _____ LEASE MOPED RECORD LIEN DUPLICATE TITLE

SECTION B - VEHICLE INFORMATION

 Please print or type in black ink only.

VEHICLE IDENTIFICATION NUMBER	MAKE	MODEL	YEAR	BODY STYLE
FUEL TYPE (GAS OR ELECTRIC)	EMPTY WEIGHT	GWW	MOPED – ENGINE CUBIC CENTIMETERS OR WATTAGE	

SECTION C - ODOMETER MILEAGE

 (Miles not kilometers)

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:



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 D - OWNER/LESSEE INFORMATION

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

NEW PRIMARY OWNER/LESSEE COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE)		SC CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC., OR FEIN	DATE OF BIRTH
NEW CO-OWNER/LESSEE COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE)	SHARED OWNERSHIP <input type="checkbox"/> AND <input type="checkbox"/> OR	SC CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC., OR FEIN	DATE OF BIRTH
PRIMARY OWNER'S/LESSEE RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE)	CITY	STATE	ZIP CODE COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE COUNTY
Update Voter Registration <input type="checkbox"/> Do not update my residence address. <input type="checkbox"/> Do not update my mailing address.	Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration:		
ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE COUNTY
DAYTIME TELEPHONE NUMBER	TEMPORARY ADDRESS (IF APPLICABLE)	SC EXPIRATION OF TEMPORARY ADDRESS	

SECTION E - LEASING COMPANY INFORMATION

Complete only for a leased vehicle.

LEASING COMPANY NAME	PHONE NO.	CONTACT PERSON	CUSTOMER NO.
ADDRESS	CITY	STATE	ZIP CODE COUNTY

SECTION F - LIEN INFORMATION

If you are a lienholder, are you a SC ELT participant? Yes No

CUSTOMER NO., OR FEIN	LIENHOLDER NAME (FIRST LIEN) Write "None" if vehicle is paid in full.	DATE OF LIEN	CONTACT PERSON	TELEPHONE NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE
CUSTOMER NO., OR FEIN	LIENHOLDER NAME (SECOND LIEN)	DATE OF LIEN	CONTACT PERSON	TELEPHONE NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE



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SECTION G – DISCLOSURE

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

6-3-240 (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.

SSN _____ OR FEIN _____

SECTION H – IMF/SALES TAX

Complete this section if you are entitled to a sales tax exemption and sign in the space provided verifying the exemption.

VEHICLE PURCHASED FROM INDIVIDUALS AND TITLED IN SOUTH CAROLINA ARE SUBJECT TO IMF/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
 DISTRIBUTE
 I AM ACTIVE DUTY MILITARY
 THE VEHICLE WAS A BONA FIDE GIFT

SECTION I – 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

SECTION J - SELLER INFORMATION

SELLER OR DEALER NAME	SC DEALER/WHOLESALE NUMBER	SC SALES TAX NUMBER	SALES PRICE	TRADE-IN AMOUNT
ADDRESS	CITY	STATE	ZIP CODE	

SECTION K - INSURANCE CERTIFICATION

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

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.

NAME OF INSURANCE COMPANY _____

SECTION L - DONATE LIFE

YES, I WISH TO DONATE \$5.00, MORE OR LESS, TO DONATE LIFE SC. AMOUNT OF DONATION: \$ _____

SECTION M - 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 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

PROCESSED BY AND OFFICE # _____

PLATE NUMBER _____