



South Carolina Department of Motor Vehicles

APPLICATION FOR SPECIAL LICENSE PLATE

MV-95
Revised
1-7-07

To Apply:

1. Indicate the plate you desire and complete the application information.
2. Provide any required certifications and fees. (See the back of this form for a complete list of requirements.)
3. Mail your application to S.C. Department of Motor Vehicles, P.O. Box 1498, Blythewood, S.C. 29016-0008.
 - DMV Special Plates can be viewed by visiting the DMV website at www.scdmvonline.com.
 - The plates are for cars or light trucks with an empty weight of 9,000 pounds or less and a gross vehicle weight of 11,000 pounds or less.
 - Depending on your present expiration date, an updated tax receipt and additional fees may be required.
 - Some applications for special plates must be mailed to the Department.
 - If you no longer meet the requirements for the special plate, you must return it to your local DMV office.
 - Registration Fees are as follows:

Passenger Cars - \$24.00

Light Trucks GVW Fees:

0001-4000	\$30.00	7001-8000	\$80.00
4001-5000	\$40.00	8001-9000	\$90.00
5001-6000	\$60.00	9001-10,000	\$100.00
6001-7000	\$70.00	10,001-11,000	\$110.00

*A current
Dues Card must
be submitted
with application.*

~ PROPOSED PLATE ~



- Senior Citizen Fees are as follows: Cars - \$20.00 (age 65) \$22.00 (age 64)
- Light trucks with a GVW of no more than 6,000 lbs. fees are \$30.00.

\$30.00 PLUS Registration Fee

APPLICANT INFORMATION

Type of Special Plate Requested Ancient Free Mason		Total Fees Included with Application \$	
If you are requesting a College or University Plate, specify school:			
Last Name		First Name	M.I.
Street Address			
Mailing Address			
City	State	Zip Code	(Area Code) Telephone Number
Vehicle Identification Number		Make	Year
			Vehicle Plate Number
Do you wish to donate \$1.00 to Donate Life South Carolina? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$			

INSURANCE INFORMATION

Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period.

Name of Insurance Company _____

CERTIFICATION

I certify all information provided in this application is true and correct.

Signature of Applicant _____

DMV USE ONLY			
Check No. _____	Amount \$ _____	Plate No. _____	Clerk Initials _____