



# South Carolina Department of Motor Vehicles

## APPLICATION FOR SPECIAL LICENSE PLATE

**MV-95**  
(Rev. 4/12)  
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**To Apply:**

1. Indicate the plate desired and complete the application information.
2. Provide required certification. (See pages 2 and 3 of this form for a complete list of requirements.)
3. Mail completed application and required fees to S.C. Department of Motor Vehicles, P.O. Box 1498, Blythewood, S.C. 29016-0008.
  - Visit [www.scdmsonline.com](http://www.scdmsonline.com) to view available specialty plates.
  - Special plates are issued to 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. If your current tag is within three months of expiring, you should pay your property taxes and renew your plate BEFORE you submit an application for a specialty plate.
  - 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:
 

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
  - Senior Citizen Fees: 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

**REQUIRED INFORMATION**

**Type of plate requested:** \_\_\_\_\_

If applying for the following plates:

**College or University Plate, specify School** \_\_\_\_\_

**Rotary International Plate, specify Club Name**    Summerville Evening Rotary Club

**Education Apple Plate, specify School** \_\_\_\_\_

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**APPLICANT INFORMATION**

Last Name	First Name	M.I.
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Street Address \_\_\_\_\_

Mailing Address	Email Address (optional)
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City	State	Zip Code	(Area Code)	Telephone Number
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Vehicle Identification Number	Make	Year	Vehicle Plate Number
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Yes, I wish to donate \$5.00, more or less, to Donate Life SC.    *Amount of donation:* \_\_\_\_\_

**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: \_\_\_\_\_

<b>DMV USE ONLY</b>			
<b>Check No.</b> _____	<b>Amount \$</b> _____	<b>Plate No.</b> _____	<b>Clerk Initials</b> _____