



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
 - 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.

APPLICANT INFORMATION

Type of Special Plate Requested Auburn University			Total Fees Included with Application \$ 70
If you are requesting a College or University Plate, specify school:			
Last Name Doe	First Name Jane	M.I. T.	
Street Address 400 Auburn Ave			
Mailing Address 400 Auburn Ave			
City Greenville, SC	State SC	Zip Code 29605	(Area Code) Telephone Number 864-555-1212
Vehicle Identification Number AAAAA88B88C123456	Make Honda	Year 08	Vehicle Plate Number VGB 888
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 **Geico**

CERTIFICATION

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

Signature of Applicant **Jane J. Doe**

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