



South Carolina Department of Motor Vehicles

Application for Beginner's Permit, Driver's License, or Identification Card

447-NC
06/2022

Complete this form for Non-Commercial Class Licenses or Permits: D, E, F, G, or M
Commercial Customers must complete Form 447-CDL for Class A, B, or C Licenses or Permits

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.

NOTICE: Renew your non-commercial driver's license online at www.scdmvonline.com.

STEP 1 - TYPE OF CARD

Commercial driver's license holders and international customers are not eligible to renew online.

A. What type of card do you want? (Check one) Beginner's Permit Driver's License Identification Card Moped

B. Do you want it to be a REAL ID card? (Check one) Yes No

- If you select Yes**, you must provide the required documents (if you have not done so already) and a **gold star** will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.
- If you select No**, you must complete a Statement of Understanding (Form DL-005A) because your card will have the words **NOT FOR FEDERAL IDENTIFICATION** printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof of identity, date and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.

STEP 2 - IDENTIFICATION

Beginner's Permit, Driver's License, or ID Number

Customer Number

Last Name		First Name			Middle Name		Suffix			
Residence Address (Must be your current address of residence and cannot be a P.O. Box)									County	
City or Town		State	Zip Code		Phone Number ()		Email Address			
Social Security Number* (SSN)		Date of Birth		Height		Weight	Eye Color	Race	Sex	
		Month	Day	Year	Feet	Inches			<input type="checkbox"/> Male	<input type="checkbox"/> Female

* Your Social Security number is required pursuant to South Carolina Code of Laws § 56-1-90 and 14-7-130.

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to or from your file.

OPTIONAL	Special Mailing Address - Optional to have your mail sent to an address different from residence address.								County	
	City or Town		State	Zip Code		Do you want to DELETE a special mailing address now on file?			<input type="checkbox"/> Yes	
	Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period - An address in this section will NOT change/update your information with the State Election Commission.								Expiration Date	
	City or Town		State	Zip Code		County	Do you want to DELETE a temporary mailing address now on file?			<input type="checkbox"/> Yes

STEP 3 - OPTIONAL



On my card I wish to be designated as a Veteran, either add or remove the caduceus medical symbol, or be designated as having one of the following medical condition(s).

If selecting Autistic, Hearing Impaired, you must provide supporting documents:

Autistic – Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC

Caduceus Medical Symbol

Add one or more medical conditions and add the caduceus to the back of your card. (Requires physician's signature on Form 447-CAD)

Remove one or more medical conditions that you have disclosed previously (Requires Form 447-CAD. No physician signature is required)

Remove all previously disclosed medical conditions and remove caduceus medical symbol from your card. _____
initial here

Hearing Impaired – Must complete Application for the Hearing Impaired (SCDMV Form RG-004A).

Veteran – DD-214 or NGB Form 22 showing that you were discharged honorably or "general under honorable conditions" (NGB Form 22 must also show at least twenty years of qualifying service), a letter from the Military Reserve notifying you that you are eligible for retirement pay at age sixty (twenty-year letter), or a Veteran Identification Card (VIC). A Veterans Health Identification Card (VHIC) is **not** an acceptable document.

STEP 4 - ORGAN AND TISSUE DONATION



YES, I want to be an organ and tissue donor.

YES, I wish to donate \$5.00, more or less, to Donate Life SC.

Amount of donation \$ _____ .00

If you are currently registered you must check "YES" to have the red heart reprinted on your license. If you marked "YES," you verify that you have read the organ donor statement below and you authorize the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license. **Organ Donor Statement** - If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation. **If you change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry**, you can go online to www.DonateLifeSC.org. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. The SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.

SEX OFFENDER REGISTRY NOTICE SC Code § 23-3-460 states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.

STEP 5 - VOTER REGISTRATION (check one) **Do you want to register to vote in South Carolina with the County Registration Board?** You must be a US Citizen, SC resident and meet requirements to register to vote.

Yes, I wish to register to vote. No, I do not wish to register to vote. No, I am not eligible to register to vote.

UPDATE VOTER REGISTRATION Unless you indicate otherwise, the addresses on this application will be used by the State Election Commission to update your voter registration:
 Do not update my residence address. Do not update my mailing address.

STEP 6 - QUESTIONS 1 through 12 **MUST** be answered for permits and licenses **Only answer questions 1 - 4 for an identification card**

- 1. Are you a resident of South Carolina?..... Yes No
- 2. Are you a citizen of the United States?..... Yes No
- 3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application Yes No
- 4. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. **State/Country** _____ Yes No
License Number _____ and **Issue Date** _____.
- 5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? _____ when last? _____ Yes No
- 6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? _____ Reason _____ Yes No
- 7. **In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure?..... Yes No
- 8. **In the past six months**, have you experienced a heart attack or heart surgery?..... Yes No
- 9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? Yes No
- 10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time?..... Yes No
- 11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time?..... Yes No
If yes, please list condition(s): _____
- 12. Has your doctor recommended you not drive or placed restrictions on your driving at this time?..... Yes No
If yes, what are the restrictions? _____

STEP 7 - AUTOMOBILE INSURANCE INFORMATION Check and complete the statement that applies to you.

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

STEP 8 - CONSENT FOR MINOR The SCDMV Consent for Minor Form (447-CM) must be completed for all customers under the age of 18. An emancipated minor must also submit one of the following as proof of emancipation (Only the original or certified copies will be accepted):

- Court Order Certificate of Marriage Active Military Orders

STEP 9 - CERTIFICATION I certify under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also certify that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked, or disqualified at the time of this application.

I understand that I am receiving an SC credential based on the information provided on this application, and that the SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled, or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other states.

Customer's Printed Name _____ Customer's Signature _____ Date _____

FOR THE SCDMV USE ONLY

Exchanging Out-of-State Permit for a SC Permit or License **State:** _____ **OOS BP/DL NO.:** _____

Qualifies for a REAL ID Card Yes No **Comments:** _____

Type: Duplicate Modified Original Provisional Re-exam Reissue Renewal Route Restricted Temporary Alcohol

Class: D E F G (Moped) ID M (Motorcycle) **Restrictions:** _____

Identification Submitted: Birth Certificate Passport/Visa SSN Proof of Address

Knowledge/Skills Exam Results		Hearing Impaired:	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____	<input type="checkbox"/> Deaf	<input type="checkbox"/> Poor <input type="checkbox"/> Good
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____	Missing Extremities: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____	Vision: <input type="checkbox"/> Pass with Corrective Lenses <input type="checkbox"/> Pass without Corrective Lenses	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____	<input type="checkbox"/> Fail	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____	Employee Signature: _____ Office Number: _____	