



South Carolina Department of Motor Vehicles
Application for Beginner's Permit, Driver's License, or Identification Card

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

447-NC
(Rev. 11/17)

STEP 1 - I AM APPLYING FOR

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

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		Gender	
			Month	Day	Year	Feet	Inches							<input type="checkbox"/> Male	<input type="checkbox"/> Female


* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. Section 2721, 2725, the Family Privacy Protection Act of 2002 (FPPA), 30-2-10 et seq., and Section 56-3-545 of the S.C. Code restrict the disclosure of personal information contained in our records.

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		
OPTIONAL	Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period										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 record I wish to be designated as having: <input type="checkbox"/> Autism - Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC.
	On my card I wish to be designated as being: <input type="checkbox"/> Hearing Impaired - Must complete Application for the Hearing Impaired , SCDMV form RG-004A. <input type="checkbox"/> Veteran - Must provide DD-214 (member 4 or 2 copy) that indicates you were honorably discharged.

STEP 4 - ORGAN AND TISSUE DONATION		<input type="checkbox"/> YES , I want to be an organ and tissue donor.	Amount of donation \$ _____ .00
<input type="checkbox"/> YES , I wish to donate \$5.00, more or less, to Donate Life SC.			

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 or contact Donate Life SC at 1-87-PASS-IT-ON. 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.

STEP 5 - VOTER REGISTRATION (check one)	Do you want to register to vote or update your address with the County Registration Board? * Must be a US Citizen and meet requirements to complete an SCDMV Voter Registration Application.
<input type="checkbox"/> Yes , I wish to register to vote or update my voter registration address.	<input type="checkbox"/> No , I do not wish to register to vote.
<input type="checkbox"/> No , I am not eligible to register to vote.	<input type="checkbox"/> No , I am already registered to vote and do not wish to update my voter registration address.

SEX OFFENDER REGISTRY NOTICE SC Code Section 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 (www.scstatehouse.gov/code/t23c003.php).

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 This section and SCDMV 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

I consent to the issuance of a beginner's permit and/or driver's license. I accept responsibility for the actions of the minor applicant as outlined in SC Code Section 56-1-110. To be released from this responsibility before the applicant reaches age 18, I understand that I must submit a written request for release to the SCDMV to have this application and the applicant's beginner's permit or driver's license cancelled.

Relationship to Minor	Printed Name	Signature	Date
Father's Name (print)	Address	ID/ DL Number	Phone Number
Mother's Name (print)	Address	ID/ DL Number	Phone Number

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.:** _____

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 Residency

Knowledge Test

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Skills Test

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Hearing Impaired: Deaf Poor Good

Missing Extremities: No Yes: _____

Vision	Right	Left	Both
With corrective lens	20/	20/	20/
Without corrective lens	20/	20/	20/

Office Number: _____

Employee Signature: _____



South Carolina Department of Motor Vehicles
Instructions on Completing an Application for a Beginner's
Permit, Driver's License or Identification Card (Non-Commercial)

447-NC (IS)
(Rev. 11/17)

Form 447-NC is used to enter personal data into the SCDMV system in order to create an SC state issued card. The class license defines the type of vehicle(s) you are allowed to operate.

- Class D license permits you to operate non-commercial passenger vehicles, such as cars and trucks, which do not exceed 26,000 pounds gross vehicle weight.
- Class E license permits you to operate non-commercial, single unit vehicles that exceed 26,000 pounds gross vehicle weight such as a truck or motor home.
- Class F license permits you to operate non-commercial, combination vehicles that exceed 26,000 pounds gross vehicle weight.

All of the class licenses listed above may also operate mopeds and three-wheel vehicles (excluding two-wheel motorcycles with side cars)

- Class G license permits you to only operate mopeds as defined by SC Code Section 56-1-1710.
- Class M license permits you to operate two-wheel motorcycles, two-wheel motorcycles with a detachable side car, three-wheel vehicles and mopeds.

Form 447-NC is a legal document to be completed in its entirety. Please follow these instructions when completing the form.

STEP 1 - Check the box for the type of card you want (BP, ID, DL, or moped).

STEP 2 - Personal Information

- Enter your ***beginner's permit, driver's license or identification card number*** as seen on the SC card if you currently hold one. If applying for an original SC card, leave this field blank and the Customer Service Representative (CSR) will complete it.
- Enter your ***customer number***, if known. If not known the CSR will enter it.
- Enter your ***last name, first name, and middle name*** as shown on your birth certificate.
- If applicable, enter your ***suffix***. All suffixes except for "Sr" must have supporting documents.
- Enter your ***current residence address***. It cannot be a Post Office Box. This is the address that the SCDMV will send mail to unless a specified special or temporary mailing address is on file.
- Enter your ***current phone number***, and enter your current email address.
- Enter your ***social security number*** exactly as it appears on your social security card.
- Enter your ***date of birth*** exactly as it appears on the birth certificate as month-day-year.
- Enter your ***height*** as feet and inches, and enter your ***weight*** in pounds.
- Enter your ***eye color***: black, blue, brown, dichromatic (two different eye colors), gray, green, hazel, maroon, pink, or unknown.
- Enter your ***race***
- Check the appropriate box to indicate whether you are a ***male*** or a ***female***.

Optional - Add or delete special or temporary mailing address

- Enter a ***Special Mailing Address*** if you want us to send mail to an address other than your residence.
- Mark the ***Yes*** box to delete a current special mailing address that is now on file.
- Enter a ***Temporary Mailing Address*** and expiration date if you want us to send mail to a location other than your residence.
- Mark the ***Yes*** box to delete a current temporary mailing address that is now on file.
- Enter the ***Expiration Date*** for the temporary mailing address, if applicable.

STEP 3 – Optional designations

Check each appropriate box and provide the required documentation if you want your record to indicate that you are medically diagnosed with autism; and/or if you want your card to designate that you are a Veteran and/or Hearing Impaired.

STEP 4 - Opportunity to Donate Organs and Tissue (optional)

Check ***YES*** if you want a heart symbol placed on your card designating your desire to be an organ and tissue donor and/or to make a monetary donation to Donate Life SC. ***IMPORTANT: If you are currently registered as an organ and tissue donor you must check "YES" to have the red heart reprinted on your license.***

STEP 5 - Opportunity to ***Register to Vote*** or update voter registration address

Check the box that describes your decision in regards to registering to ***vote***. In order to vote you must be a US citizen and meet age requirements to complete an SCDMV Voter Registration Application.

STEP 6 - Questions (If applying for an identification card, only complete questions 1 thru 4)

Check Yes or No to questions 1 thru 12. These questions pertain to residency, existing licenses, and medical conditions.

STEP 7 - Automobile Insurance (Do not complete if applying for an identification card)

Check the ***statement about insurance*** that applies to you.

STEP 8 – An authorized adult must sign the ***Consent for Minor*** section for a minor to receive a beginner's permit or driver's license

If you are 17 years of age or younger, have an adult sign this section, and complete the Consent for Minor form (447-CM).

STEP 9 - Certification

Read the statement, then print your name, sign and enter date of application.