



South Carolina Department of Motor Vehicles

Title Application

All vehicles or mobile homes

Form 400
(Rev. 02/18)
pg. 1

No strikeovers, erasures or correction fluid is acceptable on this form.

Applications can be mailed to SCDMV P.O. Box 1498 – 10311 Wilson Blvd. Blythewood, SC 29016 – 0024. Title will be mailed to the address on record with SCDMV. Visit our website www.scdmvonline.com to verify and correct your mailing address prior to requesting the title or call our Customer Call Center at (803) 896-5000.

I am applying for a (check box that applies):

☐ NEW TITLE AND REGISTRATION ☐ TITLE AND PLATE TRANSFER ☐ TITLE ONLY ☐ LEASED VEHICLE

SECTION A – VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER

TRANSFER PLATE NUMBER

MAKE	YEAR	BODY STYLE	MODEL	EMPTY WEIGHT	GVW	
ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM RESIDENTIAL ADDRESS)			CITY	STATE	ZIP CODE	COUNTY
				SC		
NEW OR USED	DATE OF PURCHASE	DATE FIRST OPERATED IN SC	ENERGY EFFICIENT MANUFACTURED HOME?		FUEL TYPE (GAS, ELECTRIC)	
			<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION B – ODOMETER MILEAGE

Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I state that the odometer now reads _____ (no tenths) and to the best of my knowledge that it reflects the **ACTUAL** mileage of the vehicle described above unless one of the following statements is checked:



DO NOT CHECK ONE OF THE FOLLOWING UNLESS IT APPLIES.

☐ EXEMPT

☐ I certify that to the best of my knowledge the mileage stated is in excess of its mechanical limits (the odometer started at zero again).

☐ I certify that the odometer reading is not the ACTUAL mileage. **WARNING ODOMETER DISCREPANCY.**

SECTION C – OWNER INFORMATION

LEASING COMPANY NAME	ONLY COMPLETE FOR LEASED VEHICLES	PHONE NO.	CONTACT PERSON	CUSTOMER NO.	
LEASING COMPANY ADDRESS		CITY	STATE	ZIP CODE	COUNTY
PRIMARY OWNER'S / REGISTRANT'S LEGAL NAME (LAST, FIRST, MIDDLE)			CO-OWNER'S / CO-REGISTRANT'S LEGAL NAME (LAST, FIRST, MIDDLE)		
PRIMARY OWNER'S CUSTOMER NO., SC DRIVER'S LICENSE NO.		DATE OF BIRTH	CO-OWNER'S CUSTOMER NO., SC DRIVER'S LICENSE NO.		DATE OF BIRTH
PRIMARY OWNER'S RESIDENTIAL ADDRESS (APT NO IF APPLICABLE)		STATE	CO-OWNERS'S RESIDENTIAL ADDRESS (APT NO IF APPLICABLE)		STATE
CITY	ZIP CODE	COUNTY	CITY	ZIP CODE	COUNTY
SHARED OWNERSHIP		DAYTIME PHONE NUMBER	EMAIL ADDRESS		
<input type="checkbox"/> AND <input type="checkbox"/> OR					

SECTION D – LIEN INFORMATION

IS THERE A SECOND LIEN? ☐ YES ☐ NO IF YES, COMPLETE FORM 400-L FOR THE SECOND LIEN

CUSTOMER NO.	LIENHOLDER NAME	DATE OF LIEN	CONTACT PERSON	TELEPHONE NUMBER
MAILING ADDRESS		CITY	STATE	ZIPCODE



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SECTION E – SALES TAX / IMF EXEMPTION

NEW VEHICLE PURCHASES TITLED IN SOUTH CAROLINA ARE SUBJECT TO SALES TAX OR INFRASTRUCTURE MAINTENANCE FEE (IMF) UNLESS EXEMPT. THE TAX IS 5% OF THE SALES PRICE UP TO A MAXIMUM OF \$500.00. (MOBILE HOMES ARE CALCULATED DIFFERENTLY.) NEW RESIDENTS MOVING INTO SC ARE SUBJECT TO THE \$250.00 IMF FOR VEHICLES ALREADY TITLED IN THEIR NAME.

TRANSFERRED FROM:		TRANSFERRED AS:	MILITARY:	OTHER:
<input type="checkbox"/> PARENT	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> LEGAL HEIR	<input type="checkbox"/> ACTIVE DUTY NON RESIDENT	<input type="checkbox"/> THIS VEHICLE WAS A BONAFIDE GIFT
<input type="checkbox"/> CHILD	<input type="checkbox"/> BROTHER/SISTER	<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> SPOUSE/DEPENDENT	TAX CREDIT PAID IN RECIPROCAL STATE: \$ _____
<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> DISTRIBUTE		

SECTION F – SELLER INFORMATION

SELLER OR DEALER NAME	SC DEALER/WHOLESALE NO.	SC SALES TAX NO.	SALES PRICE	TRADE-IN
SELLER/DEALER ADDRESS		CITY	STATE	ZIPCODE

SECTION G – INSURANCE CERTIFICATION

NOT REQUIRED FOR TITLE ONLY

A VEHICLE MUST BE INSURED WITH LIABILITY INSURANCE COVERAGE WHEN IT IS REGISTERED AND IT MUST REMAIN INSURED WHILE REGISTERED, WHETHER OR NOT IT IS OPERATED, OR THE UNINSURED MOTORIST FEE MUST BE PAID. PENALTIES ARE SEVERE FOR VIOLATION OF THIS REQUIREMENT.

UNDER PENALTIES OF PERJURY, I (WE) DECLARE THAT THIS VEHICLE IS **INSURED** BY A **LIABILITY INSURANCE** POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN SOUTH CAROLINA AND IT WILL REMAIN INSURED THROUGHOUT THE REGISTRATION PERIOD.

NAME OF INSURANCE COMPANY _____

SECTION H – DONATE LIFE SC

YES, I WISH TO DONATE \$5.00, MORE OR LESS, TO DONATE LIFE SC.

AMOUNT \$ _____

SECTION I – SIGNATURE OF OWNER

UNDER PENALTIES OF PERJURY, I DECLARE THAT I AM THE OWNER OF THIS VEHICLE AND REQUEST THAT A SOUTH CAROLINA CERTIFICATE OF TITLE AND/OR REGISTRATION BE ISSUED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. THE VEHICLE IS SUBJECT TO THE LIENS NAMED AND NO OTHERS. ALSO, IF REGISTERING A COMMERCIAL VEHICLE OVER 10,000 LBS., I CERTIFY THAT I AM FAMILIAR WITH THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND/OR FEDERAL HAZARDOUS MATERIALS REGULATIONS. **MUST BE SIGNED IN INK BY OWNER OR AUTHORIZED AGENT (ATTACH POWER OF ATTORNEY IF APPLICABLE)**

SIGNATURE OF OWNER _____

DATE _____

SIGNATURE OF CO-OWNER _____

DATE _____

DISCLOSURE STATEMENT

REQUIRED FOR VEHICLES 26,000 LBS. OR BUS COMMON CARRIER ONLY.

56-3-240 (SOUTH CAROLINA CODE OF LAWS) - THE DEPARTMENT SHALL OBTAIN THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER WHEN A VEHICLE IS REGISTERED WITH A GROSS VEHICLE WEIGHT OF MORE THAN 26,000 POUNDS OR A BUS COMMON CARRIER. THE DRIVER PRIVACY PROTECTION ACT OF 1994 (DPPA), 18 USC SECTION 2721-2725 RESTRICT THE DISCLOSURE OF PERSONAL INFORMATION CONTAINED IN OUR RECORDS.

SSN _____

OR

FEIN _____

FEES

TITLE FEE: \$15.00
EXPEDITED TITLE FEE: \$20.00
IF MAILED, CAN NOT BE EXPEDITED

TRANSFER FEE: \$10.00
SALES TAX / IMF: 5% OF
SELLING PRICE OR \$500.00 MAX.

FAILURE TO REGISTER WITHIN 45 DAYS OF THE DATE OF PURCHASE OR THE DATE OF OPERATION IN SOUTH CAROLINA WILL RESULT IN PENALTY FEES IN ADDITION TO REGULAR TITLE AND/OR REGISTRATION FEES. THE LATE PENALTY FEE SCHEDULE IS AS FOLLOWS:
46 - 60 DAYS LATE - \$10.00 61 - 75 DAYS LATE - \$25.00 76 - 135 DAYS LATE - \$50.00
OVER 135 DAYS LATE - \$75.00

THIS SECTION FOR DEALERS ONLY

THE ABOVE VEHICLE IS FOR:

☐ DEALER USE ☐ RETAIL ☐ RENTAL

THIS SECTION FOR DMV USE ONLY

PROCESSED BY AND OFFICE # _____

PLATE NUMBER _____