

South Carolina Department of Motor Vehicles

447-NC (Rev. 02/18)

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

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

STE	P 1 - TYPE OF CARD	Con	innercial unive	er s nce	iise iioid	icis and int	iiialioii	iai custorriers	are not eng	ible to reflew	Oriniri c .
A. W	/hat type of card do you wa	nt? (Check	one) 🗌 Be	eginne	r's Perm	nit 🗌 Dr	iver's L	icense [] Identificati	ion 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 of FEDERAL IDENTIFICATION valid SC card or you are not date and place of birth; and s 	I printed acro a US citizen.	oss the front Reference t	of it. Yo	ou must uments i	also provide required for	e the red a stand	quired docun lard card (on	nents if you o e proof of ac	do not current ddress; proof (ly have a 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. Beginner's Permit, Driver's License, or ID Number Customer Number STEP 2 - IDENTIFICATION											
					4 N					Cffi.	
Last Name			First Name					ľ	Middle Name		Suffix
Posic	donos Addross (Must be vour eur	rant addraga	of racidanas	dense and connet be a D.O. Bayl						County	
Resid	dence Address (Must be your cur	rent address (or residence a	anu can	not be a	Р.О. БОХ)				County	
City o	or Town	State	Zip Code		Phone Number			Email Add	lress	.1	
					()						
Soc	ial Security Number* (SSN)	Date of			Height	Weight	E	Eye Color	Race	Gen	der
	N	fonth Day	y Year	Feet	Inche	S				☐ Male	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 und	lerstand the SCDMV will send r							-			ess below.
ı	Complete this section Special Mailing Address - Opt										
	Special Mailing Address - Opt	ionai lo nave	your man ser	il lo ari	auuress	amerem mon	i reside	rice address	Count	<u>/</u>	
PTIONAL	City or Town			State Zip Code				Do you want to DELETE a special mailing address now on file?			
Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period						period	Expiration Date				
ОР											
					County	1		Do you wa	ant to DELET	E a temporary	,
	•							mailing ac	n file?	☐ Yes	
	On my card I wish to					hat you are	medica	lly diagnosed	l with autism	n from a physic	cian who is
STEF	be designated as being:	_	licensed to								2011
OFII	ONAL being.	_								MV form RG-0	
0.755		IIII.					<i>σ</i> ορ <i>y) ιι</i>	iai iriuicales į	you were no	norably disch	argeu.
SIE	P 4 - ORGAN AND TISSUE DONATION		, I want to be				Sanata I	ifo CC	Amount of o	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 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.											
STEF	7 5 - VOTER REGISTRATION (check one)									egistration Bogistration Appl	
Yes, I wish to register to vote or update my voter registration address.											
No, I am not eligible to register to vote. 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											
23-3-4	OFFENDER REGISTRY NOTICE 30 must register with the county s	sheriff within	3 days of esta	ablishing							
availab	ole upon request (www.scstatehou	use.gov/code/	/t23c003.php,).							

ST	EP 6 - QUESTIONS 1 through 12 MUST be answered for permits and licenses	Only a	nswer	question	s 1 - 4 for	an identifi	ication card					
1.	Are you a resident of South Carolina?					Г	Yes No					
	Are you a citizen of the United States?											
	Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped											
Ο.	license? If yes, give the number and name if different from number and name given on this application											
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											
	Is your beginner's permit, driver's license, moped license, or privilege to drive sus in any state? If yes, where? when last?]Yes □No					
6.	in any state? If yes, where? when last? Have you recently surrendered your beginner's permit, driver's license, or moped officer? If yes, when? Reason	cense i	in court]Yes □No							
7.	In the past 12 months, have you experienced a loss of consciousness, muscular	ontrol	or seizu	[]Yes □No							
8.	In the past six months, have you experienced a heart attack or heart surgery?			Г	∫Yes ∏No							
						_	= =					
	Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at											
11.	this time?											
	If yes, please list condition(s):											
12.	2. Has your doctor recommended you not drive or placed restrictions on your driving at this time?											
ST	EP 7 - AUTOMOBILE INSURANCE INFORMATION Check and complete the state	nent th	at annli	es to vou								
0.	Under penalties of perjury, I declare that I am insured with the following insur					oility insura	ance					
	throughout the issuance period. COMPANY NAME:											
	$\hfill \square$ No motor vehicle required to be registered in South Carolina is owned by me	r any r	elative r	esiding in	my house	hold.						
ST	EP 8 - CONSENT FOR MINOR This section and SCDMV form 447-CM must be of	mplete	ed for al	I custome	rs under th	ne age of 1	8.					
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												
	SC Code Section 56-1-110. To be released from this responsibility before the appli											
written request for release to the SCDMV to have this application and the applicant's beginner's permit or driver's license cancelled.												
_												
Re	lationship to Minor Printed Name Si	nature					Date					
A	ddress	ID/ DL I	Number		Phor	ne Number						
	EP 9 - CERTIFICATION I certify under penalty of perjury that all information and rect as of the date of this application. I also certify that I do not have a valid driver's											
	d #4 above and that my privilege to operate a motor vehicle is not now or subject to											
	e of this application.					·						
٠.	I understand that I am receiving an SC credential based on the information provide											
	ormation. I also understand that if my privilege to drive is ever suspended, cancelle revoked until I have met all reinstatement requirements in SC and any other states	or rev	oked in	SC or any	y other stat	te, my SC	license will					
DC	revoked until Thave thet all remotatement requirements in 50 and any other states											
_	ustomer's Printed Name Customer's Signature					Date						
	Ÿ					Date						
	FOR THE SCDMV USE ONL Exchanging Out-of-State Permit for a SC Permit or License State:		P/DL NO	· ·								
_	alifies for a REAL ID Card Yes No Comments:	JUS DI	IDE NC	<i>7</i>								
	pe: Duplicate Modified Original Provisional Re-exam Reissu	□R4	enewal	□Route F	Restricted	Tempo	rarv Alcohol					
		riction			.501.10104							
	entification Submitted: Birth Certificate Passport/Visa SSN Proof or											
	Knowledge Test						1					
Da	te: Passed Failed Comments:	Heari Impai	•	☐ Deaf	☐ Po	or 🗌	Good					
	te: Passed Failed Comments:	Missi	ng									
	te: Passed Failed Comments:		mities:	☐ No [
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	te: Passed Failed Comments:	Office Number:										
Da	te:	Employ	vee Sian	ature:								



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

447-NC (IS) (Rev. 02/18)

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.

- <u>Class D</u> license permits you to operate non-commercial passenger vehicles, such as cars and trucks, which do not exceed 26,000 pounds gross vehicle weight.
- <u>Class E</u> 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.
- <u>Class M</u> 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). Also, check yes if you want it to be a REAL ID card or no if you want it to be a standard card.

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. <u>IMPORTANT</u>: *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.