



# SCDMV

## Application for Certificate of Title and Registration for Motor Vehicle or Manufactured Home/Mobile Home Form 400 (Rev. 08/07)

For more information, visit our website at [www.scdmvonline.com](http://www.scdmvonline.com) or call our Customer Call Center at (803)896-5000.

Check the box next to the type of transaction you need. Please enclose the required documents and fees with your completed and signed application. For expedited services (within 3 business days) include an additional \$20.00 fee. Please print or type in black ink only. **DO NOT SEND CASH.**

<input type="checkbox"/> <b>NEW TITLE &amp; REGISTRATION</b> 1) Manufacturer Statement of Origin (MSO) or Title. 2) Paid Property Tax Receipt 3) \$15.00 title fee and regular registration fee. 4) Sales Tax (5% of selling price or \$300.00 max.) 5) Insurance Information	<input type="checkbox"/> <b>TITLE AND PLATE TRANSFER</b> 1) Manufacturer Statement of Origin (MSO) or Title. 2) List Previous Tag # 3) Previous registration in owner's name. 4) \$15.00 title + \$10.00 transfer fee 5) Sales Tax (5% of selling price or \$300.00 max.) 6) Insurance information	<input type="checkbox"/> <b>MOBILE OR MANUFACTURED HOME</b> 1) Manufacturer Statement of Origin (MSO) or Title. 2) Consumer Insulation Report required for \$300.00 sales tax cap, if mobile home is energy efficient. 3) \$15.00 title fee	<input type="checkbox"/> <b>TITLE ONLY</b> 1) Manufacturer Statement of Origin (MSO) or Title. 2) \$15.00 title fee 3) Sales Tax (5% of selling price or \$300.00 max.)  <input type="checkbox"/> <b>DUPLICATE TITLE</b> 1) ___ Lost ___ Stolen or ___ Destroyed Title 2) \$15.00 title fee.	<input type="checkbox"/> <b>LEASED VEHICLE</b> 1) Do not complete Section 3. Complete Section 4 and all other applicable sections.  <b>MAIL YOUR APPLICATION TO:</b> SCDMV P.O. Box 1498 Blythewood, SC 29016 - 0024
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### SECTION 1 - VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	MAKE	YEAR MAKE	BODY STYLE	MODEL	EMPTY WEIGHT	GW
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### SECTION 2 - 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:

**STOP** DO NOT CHECK ONE OF THE FOLLOWING UNLESS IT APPLIES.

EXEMPT

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.

I CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING ODOMETER DISCREPANCY.

### SECTION 3 - OWNER INFORMATION *Your complete legal name must be used on all title and registration documents.*

OWNER COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE) TIFFANY JONES		CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC. OR FEIN NO. 050780164		DATE OF BIRTH 2/23/1982	
CO-OWNER COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE) ,		SHARED OWNERSHIP <input type="checkbox"/> AND <input type="checkbox"/> OR		CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC. OR FEIN NO. DATE OF BIRTH	
RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE) 155 WINDWARD WAY		CITY TESTCITY	STATE TN	ZIP CODE 37221	COUNTY STEPHENS
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE	COUNTY
ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE	COUNTY
DAYTIME TELEPHONE NUMBER	TEMPORARY ADDRESS (IF APPLICABLE)			EXPIRATION OF TEMPORARY ADDRESS	

### SECTION 4 - LEASING INFORMATION *Complete only for a leased vehicle.*

LEASING COMPANY NAME		PHONE NO.	CONTACT PERSON	CUSTOMER NO.	
ADDRESS			CITY	STATE	ZIP CODE
NAME OF LEASEE (PERSON LEASING VEHICLE)		DRIVER LICENSE NO., SOC. SEC. NO. OR FEIN NO.		DATE OF BIRTH	
RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE)		CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE	COUNTY
ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE	COUNTY

### SECTION 5 - LIEN INFORMATION

CUSTOMER NO. OR FEIN NO.	LIENHOLDER NAME (FIRST LIEN) Alpha Omega Consulting Group	DATE OF LIEN 10/7/2008	CONTACT PERSON Mike r. Burch	TELEPHONE NUMBER 866-802-5742	
MAILING ADDRESS 716 Vauxhall Drive		CITY Nashville	STATE TN	ZIP CODE 37221	
CUSTOMER NO. OR FEIN NO.	LIENHOLDER NAME (SECOND LIEN)	DATE OF LIEN	CONTACT PERSON	TELEPHONE NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE	