South Carolina Department of Motor Vehicles
Duplicate Title Application

400-D
(Est. 02/18)

Title will be mailed to the address on record with SCDMV. If there is a lien on the vehicle, the duplicate title will be mailed to the lien holder. Duplicate titles can also be processed online. Visit our website www.scdmvonline.com to verify and correct your mailing address prior to requesting the title and/or to purchase your duplicate title.

MY TITLE IS (check box that applies):	☐ LOST	☐ STOLEN	☐ DESTROYED	TITLE FEE: $15.00	EXPEDITED TITLE FEE: $35.00 (INCLUDES $20.00 EXPEDITED FEE) IF MAILED, TITLE CAN NOT BE EXPEDITED.

SECTION A – VEHICLE INFORMATION

VEHICLE IDENTIFICATION	MAKE	YEAR	BODY STYLE	MODEL

SECTION B – OWNER INFORMATION

PRIMARY OWNER'S LEGAL NAME (LAST, FIRST, MIDDLE)		CO-OWNER'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

SHARED OWNERSHIP	DAYTIME PHONE NUMBER	EMAIL ADDRESS
☐ AND ☐ OR		

SECTION C – DONATE LIFE SC

DO YOU WISH TO DONATE AN ADDITIONAL $5.00, MORE OR LESS TO DONATE LIFE SC?	☐ YES	☐ NO	AMOUNT $_____

SECTION D – SIGNATURE OF OWNER

UNDER PENALTIES OF PERJURY, I DECLARE THAT I AM THE OWNER OF THIS VEHICLE. 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

SECTION E – FINANCIAL INSTITUTIONS AND LIENHOLDERS REQUEST BY MAIL ONLY

MAIL DUPLICATE TITLE TO:	

THIS SECTION FOR DMV USE ONLY

PROCESSED BY: _____   OFFICE NUMBER: _____   PLATE NUMBER: _____