



South Carolina Department of Motor Vehicles

4057
(Rev. 10/11)

Application for Name and/or Address Change, Date of Birth and/or Social Security Correction, or Special Mailing

SC Code of Laws § 56-1-230 **Notification of change of address or name.** Whenever any person after applying for or receiving a driver's license shall move permanently from the address named in such application or in the license issued to him or when the name of a licensee is changed by marriage or otherwise, such person shall **within ten days** thereafter **notify the Department in writing of his old and new address or of such former and new name and of the number of any license then held by him.**

Please check and complete all sections that apply in black ink.

MY NAME ON RECORD WITH THE DEPARTMENT OF MOTOR VEHICLES IS:															
Name: _____		Date of Birth: _____													
Last	First	Middle	Suffix												
TITLE AND REGISTRATION INFORMATION (Please place additional vehicle information on the back of this form.)															
Customer No. _____		Vehicle Identification No. _____													
License Plate No. _____		Make of Vehicle _____													
DRIVER RECORD INFORMATION															
Customer No. _____		Driver's License No. _____													
Identification Card No. _____		Beginner Permit No. _____													
<input type="checkbox"/> NAME CHANGE (A court order or marriage license must accompany this form.) Name changes cannot be done through the mail or online.															
I hereby request that my name in the SCDMV records be changed to:															
Last	First	Middle	Suffix												
<input type="checkbox"/> RESIDENCE ADDRESS CHANGE - Address where you reside or the address where the company is located. Cannot be a PO Box. My residence address is:		<input type="checkbox"/> HOUSED ADDRESS CHANGE - Address used for a vehicle that is primarily at an address different from the residence/company address. Example: company vehicle. My housed address is:													
Street _____		Street _____													
City _____ State _____ Zip Code _____ County _____		City _____ State _____ Zip Code _____ County _____													
<input type="checkbox"/> MAILING ADDRESS CHANGE - Address where you want SCDMV to send you mail. My mailing address is:		<input type="checkbox"/> TEMPORARY ADDRESS CHANGE - Address where you will receive your mail on a temporary basis. My temporary address is: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px;">Temp. Expiration Date</td> </tr> </table>		Temp. Expiration Date											
Temp. Expiration Date															
Street _____		Street _____													
City _____ State _____ Zip Code _____ County _____		City _____ State _____ Zip Code _____ County _____													
<input type="checkbox"/> DATE OF BIRTH CORRECTION															
Date of Birth Shown on Department Records		Correct Date of Birth													
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Supporting documentation is required. Please see form MV-93 and MV-94 for a list of acceptable documents to justify the correction.															
<input type="checkbox"/> SOCIAL SECURITY NUMBER CORRECTION															
Social Security Number Shown on Department Records		Correct Social Security Number													
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VOTER REGISTRATION		NOTE: You must be physically present in the DMV office to update voter registration information. Customers not transacting business in a DMV office should contact their County Board of Voter Registration to update voter registration information.													
<input type="checkbox"/> Yes, I wish to update my address with the County Registration Board (customer must be physically present in DMV field office).															
<input type="checkbox"/> No, I do not wish to update my address with the County Registration Board.															
I hereby state that all information given and statements made herein are true and correct, and these changes are being made without fraudulent purpose or intent.															

Applicant's Signature _____

Date _____

Signature of DMV Customer Service Representative _____

Branch Office Name and Number _____

NOTE: Applications, with all needed supporting documents, may be mailed to:

**S.C. Department of Motor Vehicles
Alternative Media
PO Box 1498
Blythewood, SC 29016-0035**