



IDENTIFICATION CARDS

ID Eligibility

You are eligible to receive an identification (ID) card if **all** of the following are true:

- You do not have a valid South Carolina (SC) driver's license or beginner's permit.
- You live in the state.
- You are at least five.
- You can provide documents that prove your identity to get an ID.

You do **not** have driving privileges if you have an ID.

When you are issued an SC ID card, any driver's licenses and ID cards previously issued by another jurisdiction (state or province) will be cancelled. If you have a valid driver's license or ID from another jurisdiction, you must surrender it in order to receive an SC ID card or license. If a license or ID card is later issued to you by another state, your SC card will be cancelled.

Applying for an ID

If you're eligible for an ID card, you may apply for it by doing the following:

- Complete the [Application for an ID](#) (SCDMV Form 447-NC)
- Provide your social security number on the application. Your legal name and date of birth associated with your social security number must match what's on file with the Social Security Administration.
- Show **all** required documents proving your identity such as your original birth certificate, proof of your current, physical South Carolina address (two proofs of address for a [REAL ID](#) card), and proof of all legal name changes. *Find a complete list of accepted documents on the [United States Citizens' Checklist](#) (SCDMV Form MV-93) and [International Customers' Checklist](#) (SCDMV Form MV-94)*



South Carolina Department of Motor Vehicles 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

447-NC
(Rev.
03/23/2022)

South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website www.scdmvonline.com/Privacy.

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

Commercial driver's license holders and international customers are not eligible to renew online.

STEP 1 - TYPE OF CARD

A. What type of card do you want? (Check one) ☐ Beginner's Permit ☐ Driver's License ☐ Identification 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 complete a Statement of Understanding (Form DL-005A) because your card will have the words **NOT FOR FEDERAL IDENTIFICATION** printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof 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.

STEP 2 - IDENTIFICATION

Beginner's Permit, Driver's License, or ID Number

Customer Number

Last Name		First Name		Middle Name		Suffix			
Residence Address (Must be your current address of residence and cannot be a P.O. Box)								County	
City or Town		State	Zip Code	Phone Number		Email Address			
Social Security Number* (SSN)		Date of Birth		Height	Weight	Eye Color	Race	Gender	
Month		Day	Year	Feet	Inches			<input type="checkbox"/> Male <input type="checkbox"/> 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.

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to or from your file.

OPTIONAL

Special Mailing Address - Optional to have your mail sent to an address different from residence address - An address in this section will NOT change/update your information with the State Election Commission.					County	
City or Town		State	Zip Code	Do you want to DELETE a special mailing address now on file?		
				<input type="checkbox"/> Yes		
Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period - An address in this section will NOT change/update your information with the State Election Commission.					Expiration Date	
City or Town		State	Zip Code	County	Do you want to DELETE a temporary mailing address now on file?	
					<input type="checkbox"/> Yes	

STEP 3 - OPTIONAL

On my card I wish to be designated as a Veteran and/or having a medical condition(s). ☐ **Veteran** - Must provide DD-214 that indicates you were honorably discharged or one of the other acceptable documents listed on the 447-NC information sheet.
SC Code Section 56-1-80(A)(6) allows you to voluntarily disclose your medical conditions to the SCDMV to have a medical caduceus placed on the back of your license, permit, or ID card. You may add up to three medical conditions to your driving record.

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infection Disease | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neuroimmune Condition | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Eye Disorder | <input type="checkbox"/> Neurological Disorder | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Parkinson's Disease | |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Renal Failure | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Seizures | |

If selecting Autistic or Hearing Impaired, you must provide supporting documents:

- ☐ **Autistic** - Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC.
- ☐ **Hearing Impaired** - Must complete Application for the Hearing Impaired (SCDMV Form RG-004A).
- ☐ **Remove medical condition(s)**

STEP 4 - ORGAN AND TISSUE DONATION



☐ YES, I want to be an organ and tissue donor.

☐ YES, I wish to donate \$5.00, more or less, to Donate Life SC.

Amount of 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. 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.

SEX OFFENDER REGISTRY NOTICE SC Code Section 23-3-460 states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request. (www.scstatehouse.gov/code/t23c003.php).	
STEP 5 - VOTER REGISTRATION (check one)	Do you want to register to vote in South Carolina with the County Registration Board? <i>You must be a US Citizen, SC resident and meet requirements to register to vote.</i>
<input type="checkbox"/> Yes , I wish to register to vote. <input type="checkbox"/> No , I do not wish to register to vote. <input type="checkbox"/> No , I am not eligible to register to vote.	
UPDATE VOTER REGISTRATION	Unless you indicate otherwise, the addresses on this application will be used by the State Election Commission to update your voter registration: <input type="checkbox"/> Do not update my residence address. <input type="checkbox"/> Do not update my mailing address.
STEP 6 - QUESTIONS <i>1 through 12 MUST be answered for permits and licenses</i> Only answer questions 1 - 4 for an identification card	
1. Are you a resident of South Carolina?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you a citizen of the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No License Number and Issue Date 5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? when last? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? Reason <input type="checkbox"/> Yes <input type="checkbox"/> No 7. In the past 12 months , have you experienced a loss of consciousness, muscular control or seizure?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 8. In the past six months , have you experienced a heart attack or heart surgery?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list condition(s): 12. Has your doctor recommended you not drive or placed restrictions on your driving at this time?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the restrictions?	
STEP 7 - AUTOMOBILE INSURANCE INFORMATION <i>Check and complete the statement that applies to you.</i>	
<input type="checkbox"/> Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: <input type="checkbox"/> No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.	
STEP 8 - CONSENT FOR MINOR	The SCDMV Consent for Minor Form (447-CM) must be completed for all customers under the age of 18. An emancipated minor must also submit one of the following as proof of emancipation (<i>Only the original or certified copies will be accepted</i>): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Court Order <input type="checkbox"/> Certificate of Marriage <input type="checkbox"/> Active Military Orders </div>
STEP 9 - CERTIFICATION I certify under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also certify that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application. I understand that I am receiving an SC credential based on the information provided on this application, and that the SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other states.	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Customer's Printed Name _____</div> <div>Customer's Signature _____</div> <div>Date _____</div> </div>	
FOR THE SCDMV USE ONLY	
<input type="checkbox"/> Exchanging Out-of-State Permit for a SC Permit or License State: _____ OOS BP/DL NO.: _____	
Qualifies for a REAL ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
Type: <input type="checkbox"/> Duplicate <input type="checkbox"/> Modified <input type="checkbox"/> Original <input type="checkbox"/> Provisional <input type="checkbox"/> Re-exam <input type="checkbox"/> Reissue <input type="checkbox"/> Renewal <input type="checkbox"/> Route Restricted <input type="checkbox"/> Temporary Alcohol	
Class: <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G (Moped) <input type="checkbox"/> ID <input type="checkbox"/> M (Motorcycle) Restrictions: _____	
Identification Submitted: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport/Visa <input type="checkbox"/> SSN <input type="checkbox"/> Proof of Address	
<div style="display: flex;"> <div style="flex: 1;"> Knowledge/Skills Exam Results Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____ Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____ Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____ Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____ Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Score: _____ </div> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-left: 5px;"> Hearing Impaired: <input type="checkbox"/> Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good Missing Extremities: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Vision: <input type="checkbox"/> Pass with Corrective Lenses <input type="checkbox"/> Pass without Corrective Lenses <input type="checkbox"/> Fail Employee Signature: _____ Office Number: _____ </div> </div>	