

Devlin, Lotte

From: Rivera, Michelle N
Sent: Thursday, August 28, 2008 2:30 PM
To: Fouty, Peggy D
Cc: Devlin, Lotte
Subject: I Believe Pre-Application
Importance: High

Peggy,

Lotte asked me to be sure and let you review MV-95A the pre-application for the I Believe license plate. Please let me know if there are any changes. Thanks!

Michelle Rivera
Policy and Planning
SC Department of Motor Vehicles
Phone: 803-896-4874
Fax: 803-896-5618



South Carolina Department of Motor Vehicles
PRE-APPLICATION FOR SPECIAL LICENSE PLATE

MV-95A
(Est. 8/08)

To Apply:

1. Mail your application to S.C. Department of Motor Vehicles, P.O. Box 1498, Blythewood, S.C. 29016-0008.

- The plates are for cars or light trucks with an empty weight of 9,000 pounds or less and a gross vehicle weight of 11,000 pounds or less.
- Depending on your present expiration date, an updated tax receipt and additional registration fees may be required.
- Registration Fees are as follows:

Passenger Cars - \$24.00

Light Trucks GVW Fees:

| | | | |
|-----------|---------|---------------|----------|
| 0001-4000 | \$30.00 | 7001-8000 | \$80.00 |
| 4001-5000 | \$40.00 | 8001-9000 | \$90.00 |
| 5001-6000 | \$60.00 | 9001-10,000 | \$100.00 |
| 6001-7000 | \$70.00 | 10,001-11,000 | \$110.00 |

- Senior Citizen Fees are as follows: Cars - \$20.00 (age 65) \$22.00 (age 64)
Light trucks with a GVW of no more than 6,000 lbs. fees are \$30.00

APPLICANT INFORMATION

| | | | | | |
|-------------------------------|-------|----------|-------------|---|--|
| I BELIEVE | | | | Special Plate Fee: \$ 5.00 PRE-PAID ONLINE | |
| Last Name | | | | First Name M.I. | |
| Street Address | | | | | |
| Mailing Address | | | | Email Address | |
| City | State | Zip Code | (Area Code) | Telephone Number | |
| Vehicle Identification Number | | Make | Year | Vehicle Plate Number | |

INSURANCE INFORMATION

| | |
|--|--|
| Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period. | |
| Name of Insurance Company _____ | |

CERTIFICATION

| |
|---|
| I certify all information provided in this application is true and correct. |
| Signature of Applicant: _____ |

| DMV USE ONLY | | | |
|---------------------|-----------------|-----------------|----------------------|
| Check No. _____ | Amount \$ _____ | Plate No. _____ | Clerk Initials _____ |