

South Carolina Department of Motor Vehicles INFORMATION ABOUT MULTIPLE CUSTOMER NUMBERS

CM-002 (Rev. 10/07)

DMV DATA QUALITY USE	ONLY
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DMV Customer Number associated with the below information										
The information below has been data	-captured:	🗌 Yes	🗌 No	Specialist Initi	ials Review Clerk					
Trouble Ticket #	Date F	Received (M	M-DD-YY):		Date Completed and Returned (MM-DD-YY	- 1	-			
Comment:										

REQUESTOR INFORMATION

DATE	REQUESTOR'S NAME							
E-MAIL ADDRESS								
PHONE NUMBER	FAX NUMBER	R						
DEALER NAME			DMV DEALEF	R NUMBER				
CUSTOMER INFORMATION								
FULL LEGAL NAME								
LAST NAME		FIRST	FIRST		MIDDLE	SUFFIX		
Date of Birth (MM-DD-YY)		Last four digits	of customer's S	Social Secu	Security #			
FORMER NAME USED AT	DMV							
LAST NAME		FIRST	FIRST		MIDDLE SUF			
CURRENT ADDRESS		·		·		·		
CITY	:			ZIP CODE				
PREVIOUS ADDRESS	ŀ			L. L.				
CITY		STATE			ZIP CODE			
		STATE						
a) Does the customer have a	SC Driver's Licer	nse? 🗌 Yes	No No					
b) SC Credential (DL, BP, ID)	Number :							
c) Does the customer have ar	n Out-of-State (O	OS) Driver's License	e? 🗌 Yes	s 🗌 No				
d) OOS Credential (DL, BP, II	d) OOS Credential (DL, BP, ID) Number: State							
e) Customer Number (Found on existing vehicle registration card or title):								
f) VIN		YEAR	N		PLATE			
NOTE: Individual customers must complete Form 4057 to change their name or address with DMV. Business customers must submit name change requests on company letterhead and address changes on Form 4057. LIST ALL CUSTOMER NUMBERS ISSUED TO THIS INDIVIDUAL OR BUSINESS								

By completing this document I hereby certify that all information contained herein to be true and correct and these changes are being made without fraudulent purpose or intent.

Signature

Date

This request will be addressed by the Data Quality Unit as soon as possible. Some requests may take longer than others depending on the level of research involved. Please allow the Data Quality Unit three (DMV) business days for a response.

Information must be legible and may be submitted electronically or via fax. Fax: 803-896-5536 E-mail: <u>evr@scdmv.net</u>