

## **TRANSFER OF VEHICLE REGISTRATION**

To request a transfer of vehicle registration, please complete the following form. The request can be submitted via mail or email to the Office of Regulatory Staff, as follows:

**Office of Regulatory Staff Transportation Department**  
**1401 Main Street, Suite 900**  
**Columbia, SC 29201**  
**Email: [transportation@ors.sc.gov](mailto:transportation@ors.sc.gov)**

**Class C:**    Charter    Non-Emergency    Stretcher Van    Taxi

Company Name: \_\_\_\_\_

Company DBA Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

### **CURRENT REGISTERED VEHICLE**

Vehicle Owner: \_\_\_\_\_

Make: \_\_\_\_\_ Body Type: \_\_\_\_\_

Year: \_\_\_\_\_ VIN# (Last 6 Digits): \_\_\_\_\_

License Plate #: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

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### **NEW REGISTERED VEHICLE**

Vehicle Owner: \_\_\_\_\_

Make: \_\_\_\_\_ Body Type: \_\_\_\_\_

Year: \_\_\_\_\_ VIN# (Last 6 Digits): \_\_\_\_\_

License Plate #: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of person requesting the transfer)