

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

Certificate Type (Select One):

Charter Non-Emergency Stretcher Van Taxi

Company Contact Information:

Company Name _____
DBA Name (if applicable) _____
Docket No. _____
Mailing Address _____
Email _____

Current Registered Vehicle:

Vehicle Owner		Year	
Make		Model	
Body Type		VIN (Last 6 Digits)	
License Plate		Seating Capacity	

New Registered Vehicle:

Vehicle Owner		Year	
Make		Model	
Body Type		VIN (Last 6 Digits)	
License Plate		Seating Capacity	

Signature _____ Date _____