



## ORS Transfer of Vehicle Registration

To request a transfer of vehicle registration, please complete the following form.  
The form can be submitted via email or mailed to the ORS, 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)

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**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 \_\_\_\_\_