



**South Carolina Department of Motor Vehicles**  
**RESPONSE TO INSURANCE VERIFICATION REQUEST**

**FR-31A**  
(Rev. 5/10)

**Note: If the FR-31 Notice is not included with this response, please include all information in this section as listed on the FR-31 Notice.**

FR-31 Reference No: \_\_\_\_\_  
 Date of Renewal: \_\_\_\_\_  
 Date of Suspension: \_\_\_\_\_  
 Customer No: \_\_\_\_\_  
 Driver License No: \_\_\_\_\_

Customer Name \_\_\_\_\_  
 YR/Make \_\_\_\_\_ VIN No. \_\_\_\_\_ Tag No. \_\_\_\_\_

**INSURANCE (to be completed by insurance company or agent)**

Your agent or insurance company must submit your insurance information to the DMV electronically using the SCALIR system (available at [www.sc-alir.com](http://www.sc-alir.com)). Commercial carriers and out-of-state agents that do not have access to the SCALIR system can complete the insurance information below and submit to the DMV.

Name of Company \_\_\_\_\_  
 NAIC Code \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Vehicle Coverage Effective \_\_\_\_\_ TO \_\_\_\_\_  
 Signature of Authorized Rep. \_\_\_\_\_  
 Date Signed \_\_\_\_\_ Telephone \_\_\_\_\_

**VEHICLE SOLD/TRADED (to be completed by customer)**

If the vehicle on this notice has been sold or traded, please complete the information below. Providing notification to DMV that the vehicle has been sold/traded will result in **the immediate cancellation of the vehicle title for your protection.**

Check One:  Vehicle Sold  Vehicle Traded

Date Sold/Traded \_\_\_\_\_ Signature \_\_\_\_\_

**TAG TRANSFER (to be completed by customer)**

If you recently transferred the tag listing on this notice to a newly purchased vehicle, please submit a copy of the bill of sale for the new vehicle along with this notice to the address below.

Date Transferred \_\_\_\_\_

**MOVED OUT OF STATE (to be completed by customer)**

If the vehicle no longer resides in South Carolina, please submit a copy of your Out of State Registration and current insurance to the address below. If you have not surrendered your South Carolina license plate(s) to your new state, mail your license plate(s) to the address below along with a copy of the Out of State Registration.

OOS Jurisdiction \_\_\_\_\_ OOS Plate No. \_\_\_\_\_ Issue Date \_\_\_\_\_

**FR-4K MILITARY SERVICE/ILLNESS STATEMENT (to be completed by customer)**

If your insurance was cancelled because of military obligations or illness and your vehicle has not been operated upon roads, streets or highways of this state during the lapse or termination of liability insurance, you must submit a completed FR-4K Military Service/Illness Statement along with this form to the address below. This statement can be obtained at [www.scdmvonline.com](http://www.scdmvonline.com).

I certify that the information listed above is true to the best of my knowledge. I can be subject to criminal penalties if I deliberately provide false information.

Owner Signature \_\_\_\_\_ SC Driver License No \_\_\_\_\_

**Documents may be mailed to:** SC Department of Motor Vehicles  
 Financial Responsibility Office/ ATTN FR4  
 P.O. Box 1498  
 Blythewood, SC 29016-0040  
 (803) 896-5000