

South Carolina Department of Motor Vehicles Lost/Stolen or Destroyed Certificate of Title Report

TI-004A (Est. 4/06)

When an application is submitted to any Branch Office or Headquarters Unit requesting a Title Correction, the registered owner or his agent must complete this form when a title is not present. Please submit this form along with a corrected Form 400 and applicable fees, if due, at the address below.

South Carolina Department of Motor Vehicles P.O. Box 1498 Blythewood, South Carolina 29016-0024

Vehicle Identification No.	(Lost/Destroyed) Title Number		
Name of Owner (Last, First, Middle initial)			Suffix (Sr., Jr. III, etc.)
Street Address of Owner			
City	State	Zip Code	
Telephone Number (home)	Telephone Number (work)		
I			
I certify that the title listed above was (check one):			
Date of Loss or Destruction	State		
If the title above is recovered, I will return it to the nearest DMV Office immediately. I also understand that I			
cannot and will not use this title to obtain a lien or transfer ownership of vehicle.			
cannot and will not use this title to obtain a new of transi	er ownership or vehicle.		
Signature of the Registered Owner		Date	
e.g.i.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.			
Signature of Person Filing Report		Date	
Complete this section if the person filing the report is different from the registered owner.			
Name of Derson Filing Depart /Leat First Middle initial)			Cuffix (Cr. Ir III etc.)
Name of Person Filing Report (Last, First, Middle initial)			Suffix (Sr., Jr. III, etc.)
Street Address of Owner			
City	State	Zip Code	
FOR DMV USE ONLY			
BRANCH OFFICE SUBMITTING			
SPECIALIST'S SIGNATURE			
DATE OF REPORT	TIME OF REPORT		