



South Carolina Department of Motor Vehicles

Habitual Offender Reduction Request

VS-001A
(Rev. 10/08)

If you have been declared a habitual offender and have served two years of the habitual offender suspension, you may request that the Department shorten your five-year suspension by completing this application. An application submitted sooner than two years will be returned. If your application is approved, your suspension period will be reduced to two years, or time served, if you have already served more than two years of your suspension. If your habitual offender suspension reduction is granted and you are convicted of a violation listed in Code Section 56-1-1020 that occurred during your original habitual offender suspension period, your license will be suspended for the time period your suspension was reduced. (SC Code of Law Section 56-1-1090) Submit this form with a certified copy of your 10-year driving record to: **South Carolina Department of Motor Vehicles, Driver Records, Post Office Box 1498, Blythewood, SC 29016-0029**

Name: _____
 Date of Birth: _____ Drivers License No.: _____ SSN: _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Habitual Offender Suspension Date: _____ to _____

I, _____, state, depose, and say that
(printed name of person who is signing this sworn statement and was declared as a habitual offender)

all of the following are true:

1. Have you attached a recent certified copy of your ten-year driving record? Yes No
2. Have you served two years of the habitual offender suspension? Yes No
3. Have you ever had a previous habitual offender suspension? Yes No
4. Have you driven a motor vehicle during your habitual offender suspension? Yes No
5. Have you received an alcohol or drug violation during your habitual offender suspension? Yes No
6. Do you have any other mandatory suspensions that have not reached their end date? Yes No
7. Have you been convicted or have charges pending for any offense listed in Section 56-1-1020 committed during the habitual offender suspension? Yes No
8. Have you ever applied for a habitual offender reduction? Yes No

SWORN STATEMENT

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE, ACCURATE, AND COMPLETE UNDER PENALTY OF PERJURY IN ACCORDANCE WITH S. C. CODE OF LAWS §16-9-10. I UNDERSTAND THAT IF THE DEPARTMENT GRANTS THIS REQUEST BUT LATER DISCOVERS THAT THE INFORMATION ON THIS FORM WAS NOT TRUE, ACCURATE AND COMPLETE, I WILL BE REQUIRED TO SERVE ANY UNSERVED PORTION OF THE FIVE-YEAR HABITUAL OFFENDER SUSPENSION AND MY INFORMATION WILL BE FORWARDED TO SLED.

Signature

Date

FOR DMV USE ONLY		
DMV Staff Recommendation:	<input type="checkbox"/> do not reduce	<input type="checkbox"/> reduce _____
	_____ Signature of staff member	_____ Date request reviewed
DR Manager or their designee:	<input type="checkbox"/> approved	<input type="checkbox"/> disapproves
	_____ Signature of DR Manager or their designee	_____ Date