



# South Carolina Department of Motor Vehicles CHANGE OF RESIDENCY CERTIFICATION

DL-222  
(Rev. 03/2020)

As an out-of-state resident, you may request an out-of-state waiver for Form SR-22 to reinstate your driving privileges by completing this form.

INSTRUCTIONS: This form must be completed by an individual who:

- a. lives in a state other than South Carolina (SC); and
- b. **is trying to get a driver's license or beginner's permit** in that state; and
- c. has a driving suspension from SC that requires proof of insurance (Form SR-22).

Be advised that you may have to meet the Form SR-22 filing requirement if: (1) you ever become a resident of SC; and (2) apply for an SC **driver's license or beginner's permit**; and (3) it is within the first three years of the SC suspension ending date.

### SECTION I – To be completed by the customer.

Name of Customer: \_\_\_\_\_

SC Driver License/BP/ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Customer's Home No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Under penalties of perjury, I declare that the following facts concerning my change of residency from South Carolina are true and correct:

1. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I became a resident in the state of \_\_\_\_\_

My current address is: \_\_\_\_\_

2. I applied for a driver's license in the above referenced state on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

3. I do not wish to keep an SC **Driver's License** and I request a waiver for the Form SR-22 filing;

\_\_\_\_\_  
Customer's Signature \_\_\_\_\_ Date

### SECTION II – To be completed by a DMV Official of the **customer's new** state of residence.

On behalf of your state, please verify that the above named individual has, in fact, applied to receive a license in your state. Once the SCDMV has received this verification, we will certify that his or her **SC driver's license is not under suspension and then** he or

she will be eligible for a license in your state.

\_\_\_\_\_  
DMV Official's Name (printed) \_\_\_\_\_ Signature of DMV Official \_\_\_\_\_ Date

\_\_\_\_\_  
Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

### SECTION III – To be completed by a South Carolina Department of Motor Vehicles (SCDMV) employee.

Form SR-22 filing requirement has been waived.

\_\_\_\_\_  
SCDMV Employee (printed) \_\_\_\_\_ Signature of SCDMV Employee \_\_\_\_\_ Date

\_\_\_\_\_  
Telephone No. \_\_\_\_\_