



South Carolina Department of Motor Vehicles

TRANSLATION DOCUMENT

4030
(Rev. 2/16)

This is to verify that I, _____ of _____
Name of Applicant Resident address (Cannot be a Post Office Box)

have obtained translation of the foreign document(s) as indicated below from _____ to English.

Note: This form will not be accepted if the translator information at bottom of page is not completed in its entirety. The translator must also provide a letter of verification from his employer on letterhead qualifying him as a translator.

VEHICLE INFORMATION

- ☐ Manufacturer's Certificate of Origin ☐ Foreign Registration
☐ Foreign Certificate of Title ☐ Other _____

Vehicle Make _____ Year _____

Odometer Reading _____ miles/kilometers.

(STOP! DO NOT check one of the following boxes unless it applies.)

- ☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in EXCESS of its mechanical limits.
☐ 2. I hereby certify that the odometer reading is NOT the actual mileage. WARNING: ODOMETER DISCREPANCY.

Vehicle Identification (Serial) Number _____ Date of Sale _____

Name of Legal Owner (s) of Vehicle _____

Owner's Address _____

Name of Leinholder _____

Address of Leinholder _____

Sale Price of Vehicle \$ _____ Value of Trade - in (if any) \$ _____ Total Cost \$ _____

DRIVER INFORMATION

- ☐ Foreign Birth Certificate ☐ Other _____

Name _____

Date of Birth _____ Place of Birth _____

- ☐ Foreign Driver's License

Name _____

Date of Birth _____ Date of Issue _____ Expiration Date _____

License Class _____ Issuing Country _____

Restrictions _____ Endorsements _____

TRANSLATOR INFORMATION (Please Print)

I, _____, declare that I understand and speak both the _____ language and the English language; that I hold accreditation from the American Translators Association (or other accreditation: _____) for translation from _____ to English; and that, to the best of my knowledge and belief, I have rendered an accurate English translation of the attached original document written in the _____ language.

Address _____

Telephone Number _____

Affiliation _____

Date _____ Signature of Translator _____