



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). 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.

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