



South Carolina Department of Motor Vehicles
Response to Insurance Verification Request

FR-31A
(Est. 6/06)

Note: If the FR31 Notice is not included with this response, please include all information in this section as listed on the FR31 form.

FR31 Reference No: _____
Date of Registration: _____
Date of Suspension: _____
Customer No: _____
Driver License No: _____

Customer Name _____
Year/Make _____ VIN No. _____ Tag No. _____

INSURANCE (to be completed by insurance company or agent)

Your agent or insurance company can electronically submit your insurance information to DMV using the following website: www.sc-alir.com or the insurance information below can be completed by your agent or insurance company and submitted to DMV.

Name of Company _____
NAIC Code _____ Policy Number _____
VIN No. _____ 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 _____

TAG TRANSFER (to be completed by customer)

If you recently transferred the tag listed 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 _____

FR4K 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 notice 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 _____ S.C. Driver License No. _____

Documents may be mailed to: S.C. Department of Motor Vehicles
Financial Responsibility Office/ATTN FR4
P.O. Box 1498
Blythewood, S.C. 29016-0040
(803) 896-5000