



South Carolina Department of Motor Vehicles  
**Response to Insurance Cancellation Notice**

FR-4A  
(Rev.4-05)

**Note: If Notice of Cancellation (Form FR4) is not included with this response, please include all information in this section as listed on the FR4 form.**

FR4 Reference No: \_\_\_\_\_  
Date of Cancellation: \_\_\_\_\_  
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](http://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 \_\_\_\_\_  
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](http://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