SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor

MARK A. KEEL
Chief

TRANSFERS

Date: _____

Company Number:_____

Name and Address of Company:

_____

_____

_____

Telephone #: _____

NAME	SOC. SEC. NUMBER *REQUIRED*	DATE OF BIRTH	DATE OF EXPIRATION	RACE	SEX

NOTE: THIS FORM IS TO BE USED FOR NOTIFICATION OF ALL TRANSFERS **WITH CURRENT CARD.**

PD/PS-5
Revised 05/12

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7048