SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor

REGINALD I. LLOYD
Director

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 03/11

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