

Owner Signature

## South Carolina Department of Motor Vehicles Response to Financial Responsibility Accident

FR-5A

(08/2025)

	FR5 Reference No:
Note: If Notice of Financial Responsibility	Date of Accident:
Accident (Form FR5) is not included with this response, please include all information	Date of Suspension:
in this section as listed on the FR5 form.	Customer No:
	Driver's License No:
Customer Name:	
Year/Make:VIN:	Tag No:
www.sc-alir.com or your agent or insurance compa SCDMV Financial Responsibility, PO Box 1498, Blyt of the accident for the vehicle that was involved in th	submit your insurance information to the DMV through this website: ny may complete the section below and submit it to the DMV at hewood, SC 29016-0040. The effective dates must cover the date e accident.
Name of Company:	
	Policy Number:
	To:
Signature of Authorized Rep:	
Date Signed:	
ALTERNATIVE CLEARANCE OPTION 3 - POST A SECURITY DEPOSIT You may post a security deposit in the amount on the other side of this notice which must be paid by cash, cashier's check, or money order and made payable to the SCDMV. You may pay your security deposit by mail by sending payment to SCDMV Financial Responsibility, PO Box 1498, Blythewood, SC 29016-0040 (cash not accepted through the mail). The following branch office locations can also accept security deposits in-person:  • Columbia – O'Neil Court • Florence • Fort Mill • Irmo-Ballentine • Ladson • Spartanburg – Southport	
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.	

SC Driver's License No: