



South Carolina Department of Motor Vehicles GOLF CART PERMIT APPLICATION

GC-2
(Rev. 7/11)

I certify that this golf cart is owned by:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Driver's License No: _____

Other Owner: _____ DL No: _____

OPERATING RESTRICTIONS:

- To be operated in daylight hours only
- Operator must have a valid driver's license in his/her possession
- Must be driven on a secondary highway or street within two miles of residence or place of business
- Must be operated by owner(s), his/her agents or employees
- Person selling this golf cart must immediately notify the Department of Motor Vehicles in writing, giving the name and address of the new owner together with the date of sale.
- This registration must be carried when golf cart is operated.

Owner's Signature Date

Driver's License Verified _____
Specialist's Signature

DO NOT WRITE IN THIS SPACE

Audit No. _____

Office/Specialist Code _____

Date of Issue _____

INSURANCE CERTIFICATION

Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period.

Name of Insurance Company

Signature of Owner Date