South Carolina Department of Natural Resources
Request for Boat and/or Motor Status Change

BM-400
(Rev 3/15)

DNR

Applicant Information

Customer #	Date of Birth	Gender (Optional)	Race (Optional)
C __ __ __ __ __ __ __ __ __ __	__ __/__ __/__ __	____	____

Rec'd _____
Keyed _____
By _____

Name *(as it appears on your SC Driver's License or State ID Card)*

First _____ M Init ____ Last _____ Suffix (Sr, Jr, III, etc) _____

Home Address

Street _____ Apt # ____ City _____, State ____ Zip _____

Mailing Address *(only if different from Home address)*

Street or PO Box _____ Apt # ____ City _____, State ____ Zip _____

SC County of Residence _____ Driver's License or State ID# _____ State of Issue _____

__ __ __ - __ __ __ - __ __ __ __   __ __ __ - __ __ __ - __ __ __ __   _____

Phone __ Home __ Cell __ Work   Phone __ Home __ Cell __ Work   Email Address

☐ **I have sold my Boat** ____ In State ____ Out of State ____ Junked ____ Destroyed (one boat per application)

To: _____   Date: _____
   Name   Month/Day/Year

_____   _____, ____ ____
   Street   City   State   Zip

Title #	**Registration #**	**Make**	**Year**
WA ___ - _____	SC - __ __ __ __ - __ __	_____	_____

☐ **I have sold my Motor** ____ In State ____ Out of State ____ Junked ____ Destroyed (one motor per application)

To: _____   Date: _____
   Name   Month/Day/Year

_____   _____, ____ ____
   Street   City   State   Zip

Title #	**Serial #**	**Make**	**HP**	**Year**
MA ___ - _____	_____	_____	_____	_____

☐ **I have registered or titled my boat/ motor out of state** Date: _____
                                                     Month/Day/Year

_____   _____, ____ ____
   Street   City   State   Zip

IF JUNKED OR DESTROYED YOU MUST SUBMIT ORIGINAL TITLE TO THIS OFFICE IN ORDER TO DELETE FOR TAX PURPOSES. ☐ If title is lost, please check

➤ I certify the address information I am providing to SCDNR is true and correct.

Signature of Applicant _____ Date _____

Mail to: SCDNR Boating Attn: Status Change • PO Box 167 • Columbia, SC 29202-0167 • (803)734-3857 M-F 8:30-4:50 PM ET
Visit **www.dnr.sc.gov/boating** for additional information.

15-10401

COUNTY AUDITOR MUST COMPLETE FOR TAXES NOT PAID STATUS

County _____ Auditor's Signature _____

THIS WILL PLACE THE ABOVE WATERCRAFT OR OUTBOARD MOTOR ON TAXES NOT PAID STATUS WITH THIS DEPARTMENT