



**South Carolina Department of Motor Vehicles
Affidavit of Previous Driver's License**

DL - 402
(Rev. 07/07)

To be completed by all CDL applicants
(list both non-commercial and commercial licenses)

I, _____ have held a driver's license(s)
in the state(s) listed below within the past ten (10) years.

STATE	DRIVER'S LICENSE NUMBER	NAME LISTED WITH STATE (Last, First, Middle, Suffix)

SWORN STATEMENT

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE, ACCURATE, AND COMPLETE UNDER PENALTY OF PERJURY IN ACCORDANCE WITH S. C. CODE OF LAWS §16-9-10.

South Carolina Driver's License Number _____ Date of Birth _____

Social Security Number _____

Signature of Applicant _____

Print Name (of applicant) _____

Signature (SC DMV Employee) _____

DMV Office Name _____ DMV Office Number _____

Date _____

This form is to be scanned and is part of the official driver record
original copy – send w/form 447 to Scanning: photocopy – send to CDL Help Desk