



Kershaw County Auditor's Office
803-425-1528

This application is for first time auto registrations only. Do not use this form for the renewal of a vehicle tag.

Personal:

Address (Residence): _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Vehicle Information:

Year: _____

Make: _____

Model: _____

VIN: _____

Enter VIN again: _____

Special Mailing Address:

Special Mailing Address: _____

City: _____

State: _____

Zip Code: _____

I certify that the above information is correct

Email this document to donna.bradley@kershaw.sc.gov.