



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 56-28-100  
(803) 734-0047 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**  
293 Greystone Blvd., Ste. 400  
Columbia, SC 29210-8004

## MOTOR VEHICLE MANUFACTURER'S NOTICE OF RESALE OF REPURCHASED OR REPLACED VEHICLE

Manufacturer's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone No. (    ) - \_\_\_\_\_

### VEHICLE INFORMATION

Make \_\_\_\_\_ VIN \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ Sale Price \_\_\_\_\_

### DESCRIPTION OF REPURCHASE REASONING

Briefly describe the reason the vehicle was repurchased:

### DISPOSITION INFORMATION

How the vehicle was finally disposed of? \_\_\_\_\_

Where was the vehicle resold? \_\_\_\_\_

Who repurchased the vehicle?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### MANUFACTURER'S CERTIFICATION

The necessary repairs and adjustments have been made to this vehicle so that it now meets acceptable operating standards. If the vehicle was sold to a retail purchaser, a written warranty has been provided which covers the vehicle for twelve months or twelve thousand miles and expressly covers any component related to the decision to repurchase the vehicle. If the vehicle was sold to a dealer or at wholesale, the purchaser has been notified of the fact that the vehicle was required to be repurchased under Chapter 28 of Title 56 of the Code of Laws of South Carolina.

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**