



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
APPLICATION CERTIFICATION FORM

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

www.consumer.sc.gov

Street Address
2221 Devine Street 200
Columbia, SC 29205-2418

For use only when requested by SCDCA.

COMPANY NAME: _____

Please check one:

Credit Counseling Organization - The undersigned swears or affirms and certifies that he/she has reviewed all information and materials in the initial Credit Counseling Organization License Application, signed and dated _____, and that all information contained therein, including all Supplemental Form As and Bs, remains true and accurate.

Credit Counselor License Application - The undersigned swears or affirms and certifies that he/she has reviewed all information and materials in his/her initial Credit Counselor License Application, signed and dated _____, and that all information contained therein remains true and accurate.

If any of the information has changed since the initial application, please complete and submit a Credit Counseling Application Update/ Change Form.

Signature of Person Completing Form

Type or Print your Name and Title

SWORN TO AND SUBSCRIBED before me
this ____ day of _____, 20__.

Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however, personal identifying information will be released only if required by law.

DO NOT FAX THIS FORM