



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CREDIT COUNSELING ORGANIZATION RENEWAL APPLICATION

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

S.C. Code Ann. §§ 37-7-101 through - 122
(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

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

Application can be filed online. Visit www.consumer.sc.gov and click on "online filing."

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name
(Headquarters/Main)

DBA

License Number

Attach a list of all **NEW** branch locations and include the following information for each branch: location/DBA name; physical address (and mailing address if different); contact person and phone number. **NOTE:** The renewal fee is \$100 per location.

Physical Address

City _____ State _____ Zip _____

Mailing Address
(If different from above)

City _____ State _____ Zip _____

Website Address

Designated/Registered Agent*

Mailing Address

City _____ State _____ Zip _____

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person**

_____ Telephone No. () - _____

E-mail Address

_____ Fax No. () - _____

***The contact person is the person the Department will call with any questions about the application.*

QUESTIONS

1. Has the business type, including non-profit designation, changed since the last application? Yes No
If "Yes," state the new type and attach documentation of the change: _____
2. Have there been any changes to your answers to the following questions since your Initial Application? Yes No
If "Yes," attach complete details.
- a) Has the applicant or any of its affiliates ever been refused a license to engage in any business or had any license suspended or revoked by any state or federal agency?
 - b) Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against the applicant or any of its affiliates?
 - c) Does the applicant or any of its affiliates conduct credit counseling in other states?
3. Have there been any changes to the Budget Analysis, Contract, or Credit Consent Form (as applicable)? Yes No
If "Yes," attach copies of such forms.
NOTE: The organization must submit forms that are different from the most recent forms reviewed by the Department prior to use.
4. Is the organization's bond in effect and of the correct amount as required under Section 37-7-103? Yes No
Please attach the organization's bond continuation certificate.
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ATTACHMENTS

- Credit Counselors.** Attach a list of all credit counselors engaging in credit counseling services in South Carolina or with South Carolina consumers. Include the name, location(s) where employed, and license number.
NOTE: New credit counselors must fill out an Initial Application form, while renewing counselors must submit a Renewal form.
- Owners, Partners, Members, Officers and Directors.** Attach a list of every owner, partner, member, officer and director of the applicant. Include the name, title and percentage owned, if any.
NOTE: Everyone listed must complete a Renewal Supplemental Form A or an initial Supplemental Form A, UNLESS the person (a) serves as a director on a voluntary board, (b) does not receive compensation directly or indirectly from the corporation, AND (c) holds no financial interest in the corporation.
- Continuing Professional Education (CPE):** If the organization is required to have obtained twelve (12) hours of CPE for this renewal, please attach a CPE Reporting Form to the Renewal Application.
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APPLICATION FEES

License Renewal Fee: _____ Locations x \$100 = \$ _____

Counselor Fees: _____ Counselors x \$40 = \$ _____

Total Amount Submitted \$ _____

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.