



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CREDIT COUNSELING ORGANIZATION RENEWAL SUPPLEMENTAL FORM A

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

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. The following form must be provided on a separate form for **EACH RENEWING member, owner, partner, officer, and director**. This form may not be completed unless an initial Supplemental Form A was previously submitted.

GENERAL INFORMATION

Business Name (Headquarters/Main)			
DBA		Business License No.	
Full Legal Name		Nickname/Previous Name (if any)	
Business Title		Percentage of Ownership	
SSN		Date of Birth	
Residential Address			
City		State	
Zip		Zip	
Work Phone No.	() -	Home Phone No.	() -
E-mail Address			

QUESTIONS

Mark "X" in the appropriate box. Consult the Supplemental Form A(s) previously submitted to enable accurate completion of this form.

1. Has there been any change to your personal information, educational or employment backgrounds, or business affiliations? Yes No
If "Yes," attach a separate sheet providing details.
2. Have there been any changes to the Questions delineated on prior Supplemental Form A(s) submitted? Yes No
If "Yes," attach a separate sheet providing details.

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.