



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



MOTOR CLUB REPRESENTATIVE INITIAL REGISTRATION APPLICATION

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

S.C. Code Ann. § 39-61-120 *et seq.*
(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

Company Representing _____

DBA _____

Employment Address _____

City _____ State _____ Zip _____

Full Legal Name _____

Nickname/ Previous Name (if any) _____ Business Title _____

SSN _____ Date of Birth _____

Residential Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone No. () - _____

EDUCATIONAL BACKGROUND. (Attach additional pages as necessary.)

SCHOOL	ADDRESS	DATES ATTENDED	DEGREE EARNED

EMPLOYMENT BACKGROUND. Describe your employment for the last five (5) years, starting with your current position. Account for all time. (Attach additional pages as necessary.)

NAME OF EMPLOYER, ADDRESS & PHONE NUMBER	BUSINESS TYPE	DATES OF EMPLOYMENT	POSITION OR DUTIES	REASON FOR LEAVING

QUESTIONS

1. Are you, or, have you been, licensed as a motor club representative in any state(s)? Yes No
If "Yes," list the state(s): _____

2. Have you had a license suspended, revoked, or denied by any governmental agency? Yes No
If "Yes," provide details including dates, the name of the agency, and reason for suspension/revocation/denial.

3. Have you had a representative contract cancelled by a motor club? Yes No
If "Yes," list the company and reason for cancellation: _____

4. Have you ever been charged with irregularities or shortages in your accounts or transactions with a motor club? Yes No

5. Have you been convicted of a violation of any law other than minor traffic violations in the last ten (10) years? Yes No
If "Yes," provide details.

6. Have you conducted motor club business in South Carolina prior to the date of this application? Yes No
If "Yes," attach the beginning and end dates, along with a further detailed explanation.

7. Describe the training you have received to offer motor club services.

8. Are you familiar with the provisions of the South Carolina Motor Club Services Act that relate to motor club representatives, and to Unfair Trade Practices in the motor club business? Yes No

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

For instructions and more information, go to www.consumer.sc.gov. Please check only one box:

- I am a United States citizen; or
- I am a Legal Permanent Resident of the United States eighteen years of age or older; or
- I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States; or
- Other: _____

Alien Number: _____

CHECKLIST

Please provide the following to the company you will represent. The company will submit it to the Department on your behalf.

- Completed Application for Appointment (do not leave any blanks)
- Check or money order in the amount of \$20.00 made payable to the company you will represent

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 _____

NOTICE: SCDCA asks for personal information only when needed to fulfill a legitimate public purpose. SCDCA is required to collect certain personal information during the application process. The type of information collected depends on state and federal laws. SCDCA shares personal information when required or allowed by the South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable state and federal laws. For example, under state law, we must share licensee data (including social security numbers) for all new and renewal licenses with the Child Support Enforcement Division of the State Department of Social Services.