



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**

**REPRESENTATIVE REGISTRATION CANCELLATION
MOTOR CLUB SERVICES**

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

S.C. Code Ann. § 39-61-120 (d)
www.consumer.sc.gov

Street Address
2221 Devine St., Ste 200
Columbia, SC 29205

Company Name _____
Street Address _____
Mailing Address _____
City/State/Zip _____

It is requested that the representative's registration for the below-named representative be cancelled.

Last Name: _____ SSN: _____
First Name: _____
Middle Name: _____

Request Made By: (Check One) Company S.C. Department of Consumer Affairs

REASON FOR CANCELLATION
NOTE: Notice of termination of any club representative's authority to act on behalf of the club must be sent to this Department in writing within thirty (30) days of termination. See § 39-61-120(d)

Representatives ID card must be attached or a written explanation of why it can't be returned with this form.

I hereby certify the above information is true and correct.

SWORN AND SUBSCRIBED to and before me
this _____ day of _____, 20____

Notary Public
My Commission Expires: _____

Signature Authorized Appointing Officer

For Department Use Only

Date Received: _____ Date Approved: _____
Company Code: _____