



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



DISCLOSURE FORM RENEWAL SUPPLEMENTAL FORM A

S.C. Code Ann. § 37-7-101 through - 122.

www.consumer.sc.gov

803-734-4200

Mailing Address

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

Street Address

2221 Devine St., Ste. 200
Columbia, SC 29205-2418

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information 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.** This form may be duplicated. Complete the form in its entirety. Incomplete information could result in delay or denial of the application. Attach additional page(s) as necessary. **This form must be postmarked by December 1st.**

1. Company Name: _____ Company License Number: _____
(Applicant Organization)
 2. Your Legal Name: _____
(Last) (First) (Middle)
Have you been known by any other name? YES NO If yes, state the name: _____
(Ex. Maiden name, etc.)
 3. Business Relationship or Title _____ Percentage of Ownership _____
 4. Resident Address: _____ How long at this address? _____
(Street)
-
- (City) (State) (Zip Code) (County)
5. Work Telephone Number: () - _____ 6. Home Telephone Number: () - _____
 7. Date of Birth: / / _____ 8. SSN: - - _____

Mark an "X" in the Appropriate Box

Please consult the Supplemental Form A(s) previously submitted to enable accurate completion of this Form. If you answer "YES" to any question, attach a separate sheet giving complete details.

9. Has there been any change to your personal information, educational or employment backgrounds, or business affiliations? YES NO
10. Have there been any changes to the Questions delineated on prior Supplemental Form A(s) submitted?

I swear or affirm and certify that I have completed and/or reviewed all information on prior forms submitted and on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. **I acknowledge that I have a duty and agree to update and correct this information as it changes.** Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check may be requested.**

Signature of Owner, Partner, Member, Officer, or Director
SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

Type or Print your name

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.