



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

**Mailing Address**

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

**CREDIT COUNSELOR
RENEWAL APPLICATION**

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. If any of the information on this form changes, submit an Application Update/Change Form to the Department.

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	_____	Business License No.	_____
Full Legal Name	_____	Nickname/Previous Name (if any)	_____
Business Title	_____	Counselor License No.	_____
SSN	_____	Date of Birth	_____
Employment Address	_____		
	City	State	Zip
	_____	_____	_____
Residential Address	_____		
	City	State	Zip
	_____	_____	_____
Work Phone No.	() -	Home Phone No.	() -
	_____	_____	_____
E-mail Address	_____		

QUESTIONS

- Has there been any change to the personal information, educational background or employment background you previously submitted? Yes No
If "Yes," provide complete details.
- Have you been convicted of a felony within the past ten (10) years? Yes No
If "Yes," provide details about the offense, including conviction date, court, and penalty. Also attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.

3. Have you been convicted of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Yes No
If "Yes," provide details about the offense, including conviction date, court, and penalty. Also attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
4. Have you ever been charged with any irregularities or shortages in your business accounts or transactions? Yes No
If "Yes," provide complete details of event(s).
5. Have you ever been adjudicated as bankrupt? Yes No
If "Yes," provide complete details of the event(s).
6. Were you ever an owner, partner, director, officer, member or manager of any firm or company which was adjudicated bankrupt or for which a receiver was appointed either during the time or within one (1) year after you were connected with it? Yes No
If "Yes," provide complete details of the event(s).
7. Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in any jurisdiction? Yes No
If "Yes," provide details, including the name of the profession, the agency, and the agency address.
8. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? Yes No
If "Yes," provide details, including the name of the agency and the date of the action.
9. Is disciplinary action pending against you in any jurisdiction? Yes No
If "Yes," provide details, including the name of the agency and status of the action.

CONTINUING PROFESSIONAL EDUCATION (CPE)

If you are required to have obtained twelve (12) hours of CPE for this renewal period, please attach a CPE Reporting Form to your Renewal Application.

CPE Reporting Form attached

No CPE required this renewal

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.