



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



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

**PAWNBROKER
OWNER/EMPLOYEE VERIFICATION FORM**

S.C. Code Ann. § 40-39-10 et seq. & Reg. 28-200
(803) 734-4249 | www.consumer.sc.gov | (800) 922-1594

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

IMPORTANT: This form replaces the Supplemental A Form and must be submitted for all current and future owners, partners, members, officers, directors, employees, and other persons directly or indirectly controlling the pawnshop. Print legibly or type information requested on this form in its entirety. Illegible or faxed forms will not be accepted. If any of the information on this form changes, you must notify the Department in writing.

In addition to completing this form, after June 9, 2016, you will be required to consent to a national criminal records check to be conducted by a third party on behalf of the pawnbroker or through Identigo.

GENERAL INFORMATION

Name _____

Social Security No. _____ Date of Birth _____ / _____ / _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____
(If different from above)

City _____ State _____ Zip _____

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

Have you been convicted of a felony on or after July 1, 1988? Yes No

LOCATION/EMPLOYMENT INFORMATION

Pawnshop Name _____

Pawnshop Street Address _____

City _____ State _____ Zip _____

Title (Owner, Employee, etc.) _____ Date of Hire _____ / _____ / _____

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: _____

I swear or affirm and certify that all information contained in this form and any attachments to this form is true, accurate, and complete. I understand that providing false information or omitting relevant facts may subject me to criminal prosecution for perjury. I agree to update and correct the information in this form as it changes.

Signature _____

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.