



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## PREPAID LEGAL SERVICES REPRESENTATIVE INITIAL APPLICATION

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

S.C. Code Ann. § 37-16-10 *et seq.* & Reg. 28-1100  
(803) 734-4249 | [www.consumer.sc.gov](http://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](http://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.

**\*The company you represent will submit the required filing fee on your behalf. Contact the company regarding the status of your application.\***

### GENERAL INFORMATION

Business Name  
(Official & DBA) \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  
(If different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_

### QUESTIONS

1. Have you been convicted of a crime of deceit or dishonesty within the past ten years?  Yes  No  
*If “Yes,” provide a copy of the judgment and/or sentencing order.*
2. Have you conducted sales or solicitation on behalf of a prepaid legal company in South Carolina prior to the date of this application?  Yes  No  
*If “Yes,” provide the beginning and ending dates: \_\_\_\_\_*
3. Are you familiar with the requirements of the Prepaid Legal Services Act (S.C. Code Ann. § 37-16-10 *et seq.* & Reg. 28-1100) that apply to prepaid legal representatives?  Yes  No

### VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

For instructions and more information, go to [www.consumer.sc.gov](http://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: \_\_\_\_\_

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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.