



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



PREPAID LEGAL SERVICES REPRESENTATIVE RENEWAL 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 | (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.

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 (last 4) _____ 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.

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.