



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



**PREPAID LEGAL SERVICES REPRESENTATIVE  
RENEWAL APPLICATION FOR APPOINTMENT**

**Mailing Address**

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

S.C. Code Ann. § 37-16-10 et seq. & Reg. 28-1100

[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4249/800-922-1594

**Street Address**

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

**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. If any of the information on this form changes, you must notify the Department in writing. When completing the application, attach additional pages as necessary.

**Send this completed form and payment to the company you will represent.** The company will submit it to the Department on your behalf along with a company check. Contact the company regarding the status of your application. Allow six weeks to process.

**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. ( ) - \_\_\_\_\_

Company Representing \_\_\_\_\_

**QUESTIONS**

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.*

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**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:

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**CHECKLIST**

Please provide the following to the company you will represent. The company will submit it to the Department on your behalf.

- Completed Application for Appointment (do not leave any blanks)
- Check or money order in the amount of \$40.00 made payable to the company you will represent

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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 constitutes cause for denial or revocation of the application or license and may subject me to criminal prosecution for perjury. I agree to update and correct the information in this application 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.

**PREPAID LEGAL COMPANY  
APPOINTMENT OF REPRESENTATIVE**

An authorized agent of the prepaid legal company must complete this section and forward this form along with a company check in the amount of \$40.00 directly to the Department.

Company Name: \_\_\_\_\_

Authorized Agent Name: \_\_\_\_\_

**On behalf of the above-named company, I hereby appoint this applicant as a representative of this prepaid legal company.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_