



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

PROFESSIONAL EMPLOYER ORGANIZATIONS
S.C. Code Ann. § 40-68-10 et seq.
www.consumer.sc.gov
(803) 734-4200

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

2016-2017 CONTINUING PROFESSIONAL EDUCATION COMPLIANCE FORM

Full Name of Controlling Person: _____

Name of PEO or PEO Group: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No. _____

E-Mail Address: _____

Applicant's present position with PEO is:

- Owner Ownership % _____
- Officer Director Manager
- Other: _____

AFFIDAVIT

I swear or affirm and certify that I have provided all information required on this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact. I further certify that I understand that giving false information constitutes cause for revocation of my license and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

The completed Application should be submitted to:

South Carolina Department of Consumer Affairs
Attn: PEO Licensing and Regulation

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Do not fax this form. An original, signed and notarized form is required.

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.