



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

APPLICATION UPDATE/CHANGE FORM

S.C. Code Ann. § 37-7-101 through - 122.

www.consumer.sc.gov

Mailing Address

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

Street Address

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

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

This form may be duplicated. **Print legibly or type information requested on the form in its entirety.** If any of the information on this form changes, submit a revised form to the department. Attach additional page(s) as necessary.

1. Company Name: _____ 2. Company License No.: _____

3. Contact Person: _____
(Last) (First) (Middle)

4. Business Headquarters Address: _____
(Street)

(City) (State) (Zip Code) (County)

5. REASON FOR SUBMISSION (Check the appropriate box and give complete information for each section checked)

a. **EMPLOYEE CHANGE:** (Includes counselor, owner, member, officer or director)

Employee Name _____
(Last) (First) (Middle)

Name Change (Give Your New Legal Name) **Home Address Change** (Give New Home Address)

Employee Status Change (Give New Title) **Inactivate Employee** (Give Termination Date)

Business Address Change (Give New Address Where Employed)

Change: _____

b. **LOCATION CHANGE:** (Attach a listing of employees indicating transfer or termination).

Location Information

(Street) (City) (State) (Zip Code)

Inactivate Location **Office Relocation: Select One** **Relocate to Existing Location**
 Relocate to New Location- B1 is required

Relocation NEW Address:

(Street)

(City) (State) (Zip Code)
Telephone Number: _____ () - _____ Fax Number: _____ () - _____

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application 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 of Person Completing the Form

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

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.