



# 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](http://www.consumer.sc.gov)  
(803) 734-4200

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

## PROFESSIONAL EMPLOYER ORGANIZATION CONTROLLING PERSON APPLICATION

**(The Controlling Person must complete all parts of this Application)  
A separate form and \$100 application fee is required for each Controlling Person.**

South Carolina law defines a "Controlling Person" as:

- (1) an officer or director of a corporation seeking to offer professional employer services, a shareholder holding ten percent or more of the voting stock of a corporation seeking to offer professional employer services, or a partner of a partnership seeking to offer professional employer services;
- (2) an individual who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of a company seeking to offer professional employer services through the ownership of voting securities, by contract or otherwise, and who is actively involved in the day-to-day management of the company; or
- (3) an individual employed, appointed, or authorized by a business seeking to offer professional employer services to enter into a contractual relationship with a client company on behalf of the business.

To be qualified to serve as a controlling person of a PEO licensee, a person must be at least eighteen (18) years of age, be of good moral character, and have educational, managerial, or business experience relevant to operation of a business entity offering PEO services, and at least two years of other related industry experience as approved by the department before the initial license is issued. The term "good moral character" means a personal history of honesty, trustworthiness, fairness, a good reputation for fair dealing, and respect for the rights of others and for the laws of this State and nation.

As required by South Carolina law, a background investigation must be conducted on each Applicant for a Controlling Person License to determine whether the Applicant meets the requirements of the law. The investigation includes the submission of fingerprints for processing through appropriate local, state, and federal law enforcement agencies; and if necessary, examination by the Department, of police or other law enforcement records maintained by local, state, or federal law enforcement agencies. The investigation also includes an examination of the Applicant's credit history.

The Department may deny an application for the issuance or renewal of a license if it finds that a controlling person is not qualified under this chapter. Conviction of a crime does not automatically disqualify a controlling person, require the revocation of a license, or require the denial of an application for a new or renewed license.

Name of PEO  
or PEO Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Street Address  
(if different): \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_

Web Site: \_\_\_\_\_

Full Name of Controlling Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \* \_\_\_\_\_

Have you ever been known by any other name?  Yes  No

If yes, provide full name(s). \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Are you a citizen of another country?  Yes  No

If yes, what country? \_\_\_\_\_

Government ID # if not a U.S. citizen: \_\_\_\_\_

Applicant's present or proposed position with PEO is:

Owner Ownership % \_\_\_\_\_

Officer  Director  Manager

Other: \_\_\_\_\_

**\* Compliance Note: The Family Independence Act of 1995 required the South Carolina Department of Social Services – Child Enforcement Division (Division) to operate a license revocation program for the purpose of enforcing and establishing child support. In accordance with this Act, South Carolina law (§ 63-17-1050) requires that all licensing entities submit to the Division licensee data for all new and renewal licenses issued. Therefore, identifying information (i.e., name, social security number and date of birth, etc.) for all controlling persons licensed with this renewal application will be forwarded to the Division upon the issuance of each controlling person's license. Personal information will not be used for any other purpose and is not subject to disclosure under the South Carolina Freedom of Information Act. South Carolina Code § 30-4-10 et seq.**

## EDUCATION AND TRAINING

1. Please complete the schedule below pertaining to the schools you have attended starting with collegiate level. Include all schooling, even if you did not graduate.

Name/Address of School	Dates Attended (MM/YY)	Degree/Type of Diploma	Did you Graduate? (Yes or No)	Your name if different

2. Provide details of any other training or education not listed above:

Name/Address of the Institution/Organization	Dates Attended (MM/YY)	Degree/Certification Obtained

## EMPLOYMENT INFORMATION

**South Carolina law requires any person applying for licensure as a PEO controlling person to have at least two years of related industry experience as approved by the Department before a license is issued.** Please complete the schedule below pertaining to relevant employment, for at least the past three (3) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. If you believe that any of the listed employment satisfies the requirement for prior related industry experience, please emphasize that in the brief description of that job. Attach additional information if necessary.

<b>Employer Name and Address</b>		<b>Dates of Employment MM/YY</b>	
<b>Title/Position Held</b>		<b>Your name if different</b>	
<b>Supervisor/Contact</b>		<b>Telephone</b>	
<b>Brief Description of Job Responsibilities:</b>			

<b>Employer Name and Address</b>		<b>Dates of Employment MM/YY</b>	
<b>Title/Position Held</b>		<b>Your name if different</b>	
<b>Supervisor/Contact</b>		<b>Telephone</b>	
<b>Brief Description of Job Responsibilities:</b>			

<b>Employer Name and Address</b>		<b>Dates of Employment MM/YY</b>	
<b>Title/Position Held</b>		<b>Your name if different</b>	
<b>Supervisor/Contact</b>		<b>Telephone</b>	
<b>Brief Description of Job Responsibilities:</b>			

## APPLICANT BUSINESS HISTORY

**If any question is answered "Yes", please attach separate page(s) detailing the circumstances (including any applicable details such as state, license number, dates, etc.)**

1. Have you ever been convicted or found guilty of any misdemeanors or felonies (with the exception of minor traffic violations) in any jurisdiction or territory in the United States?

Yes       No

2. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest ever been refused a license, registration, or certification as a PEO, PEO group, or controlling person, or renewal thereof, in any jurisdiction or territory in the United States?

Yes       No

3. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest ever had any type of license revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary action in any jurisdiction or territory in the United States?

Yes       No

4. Have you ever been involved in or owned an interest in a PEO or PEO group that has been adjudicated bankrupt, filed proceedings under the Bankruptcy Act, or has otherwise closed due to insolvency?

Yes       No

5. Are any of the licenses, registrations, or certifications of any PEO or PEO group with which you have been involved or owned an interest currently under investigation or currently pending disciplinary action in any jurisdiction or territory in the United States?

Yes       No

6. Have you ever been involved in or owned an interest in a PEO or PEO group that has ever failed to satisfy any tax liabilities?

Yes       No

7. Have you ever been involved in or owned an interest in a PEO or PEO group that has had a lien or levy placed against it?

Yes       No

8. Have you ever been involved in or owned an interest in a PEO or PEO group that has been the subject of an indictment or a "cease and desist" order in any jurisdiction or territory in the United States?

Yes       No

9. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest ever been the subject of any state or federal government investigation or audit regarding the payment of wages or taxes; the funding or administration of any employee benefit plan or workers' compensation program; employment practices; licensing or registration; or any other matter arising out of a complaint filed by an employee, client, insurer, regulator or another PEO?

Yes       No

10. Have you ever been the subject of a governmental investigation?

Yes       No

11. Are you or any PEO or PEO Group with which you have been involved or in which you owned an interest currently disputing any material obligations to an insurance carrier, benefit administrator or trust, or taxing authority?

Yes       No

12. Is there any litigation or legal proceeding currently pending or threatened in any jurisdiction or territory in the United States against any PEO or PEO Group with which you have been involved or in which you owned an interest?

Yes       No

13. Are you or any PEO or PEO Group with which you have been involved or in which you owned an interest delinquent, as of the date of application, with respect to any of its obligations of payroll, payroll related taxes, workers' compensation insurance or employee benefits in any jurisdiction or territory in the United States?

Yes       No

14. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest voluntarily surrendered its license, registration or certification to avoid further investigation in any jurisdiction or territory in the United States?

Yes       No

## CONTINUING EDUCATION

Pursuant to S.C. Code Ann. § 40-68-45, key management personnel of all licensees must complete at least eight (8) hours of continuing professional education annually. If the licensee (PEO) is a sole proprietorship or partnership, key personnel means any controlling person. If the licensee is a corporation, key personnel means any person who both directs or causes the direction of the management of a company operating in South Carolina and is directly responsible for the day-to-day management of the company's operations in South Carolina.

Using these criteria, will you be required to meet the continuing professional education requirement?

Yes

No

## ADDITIONAL INFORMATION

In addition to completing this form, the following items are required to complete the application process:

- Fingerprint Check. Instructions and form are included in **Form PEO-06**.
- Background Check. South Carolina law requires a background investigation be conducted on each Applicant. SLED will conduct a criminal background check using the fingerprint cards requested above. In addition, each controlling person Applicant must obtain a summarized credit report covering the last seven (7) years. There are many companies that provide this service. Please notify the provider or note on your order form that your company's name must prominently appear on the report. The provider must send a copy directly to the Department addressed to:

South Carolina Department of Consumer Affairs  
Attn: PEO Licensing and Regulation  
P.O. Box 5757  
Columbia, SC 29250-5757

**Authority to Release Information:** By my signature below, I consent to the release of information to authorized officers, agents, and/or employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel records deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the State of South Carolina to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for licensure as a controlling person.

**AFFIDAVIT OF APPLICANT**

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, 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 which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested license. 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

\_\_\_\_\_  
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

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

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

**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.**