



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

**APPOINTMENT OF PREPAID LEGAL SERVICES COMPANY REPRESENTATIVE  
FILING INSTRUCTIONS**

**Mailing Address**

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

S.C. Code Ann. § 37-16-10 et seq. (Supp. 1997)

[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

**Complete the application in its entirety.**

**Be sure the application is signed by the applicant seeking appointment as a representative of the prepaid legal services company and notarized.**

**Make certain that the Appointment of Representative portion is filled out and signed by an authorized representative of the prepaid legal services company. Have the authorized company representative forward a company check for the filing fee and application to:**

**South Carolina Department of Consumer Affairs  
2221 Devine St. Ste. 200  
P.O. Box 5757  
Columbia, SC 29250-5757**

**Attention: Legal Division**

**Applications that are incomplete or improperly filed will be returned.**



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DEPARTMENT OF CONSUMER AFFAIRS  
APPOINTMENT OF PREPAID LEGAL SERVICES COMPANY REPRESENTATIVE  
APPLICATION**

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**Important Notice:** Failure to provide all information requested will result in this form not being processed. Type or print legibly in ink. **Allow up to six weeks for processing.**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_  
**Company Representing:** \_\_\_\_\_

Have you, within the past ten (10) years, been indicted or found guilty of a felony or any crime of deceit or dishonesty? If "yes", attach copies of the indictment, judgment and/or sentencing order.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a license suspended or revoked by a governmental agency? If "yes", attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>
Are you licensed to sell prepaid legal services in another state? Which states?	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the South Carolina Consumer Protection Code and how it relates to prepaid legal services?	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, declare under penalties perjury or revocation or refusal of appointment that the statements made in this application are true, correct and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

FOR OFFICE USE	
Approved:	_____
Date:	_____
Rejected:	_____
	_____

Company Name:	_____
Date:	_____
Company Official:	_____
We hereby appoint this applicant as a representative of our company	
_____ Company Representative	