



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## CREDIT COUNSELING ORGANIZATION SUPPLEMENTAL FORM A

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

S.C. Code Ann. § 37-7-101 *et seq.*  
(803) 734-4251 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**  
293 Greystone Boulevard, Ste. 400  
Columbia, SC 29210-8004

**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. When completing the application, attach additional pages as necessary. The following form must be provided on a separate form for **EACH member, owner, partner, officer, and director**. If such individual engages in credit counseling activity, he/she must also complete a Credit Counselor Application.

### GENERAL INFORMATION

Business Name  
(Headquarters/Main) \_\_\_\_\_

DBA \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Nickname/Previous Name  
(if any) \_\_\_\_\_

Business Title \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_

**EDUCATIONAL BACKGROUND.** (Attach additional pages as necessary.)

SCHOOL	ADDRESS	DATES ATTENDED	DEGREE EARNED

**EMPLOYMENT BACKGROUND.** Describe your employment for the last ten (10) years, starting with your current position. Account for all time, including periods of unemployment for more than one (1) month. (Attach additional pages as necessary.)

NAME OF EMPLOYER, ADDRESS & PHONE NUMBER	DATES OF EMPLOYMENT	POSITION HELD	REASON FOR LEAVING	NAME OF OWNER

**BUSINESS AFFILIATIONS.** List all firms, companies, corporations or other business organizations of which you are at present a director, officer, employee, member or owner. (Attach additional pages as necessary.)

NAME & ADDRESS	TYPE OF BUSINESS	POSITION

### QUESTIONS

1. Have you been convicted of a felony within the past ten (10) years?  Yes  No  
*If "Yes," provide details about the offense, including conviction date, court, and penalty. Also attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.*
2. Have you been convicted of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years?  Yes  No  
*If "Yes," provide details about the offense, including conviction date, court, and penalty. Also attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.*
3. Have you ever been charged with any irregularities or shortages in your business accounts or transactions?  Yes  No  
*If "Yes," provide complete details of the event(s).*
4. Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in any jurisdiction?  Yes  No  
*If "Yes," provide details, including the name of the profession, the agency, and the agency address.*
5. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation?  Yes  No  
*If "Yes," provide details, including the name of the agency and the date of the action.*

6. Is disciplinary action pending against you in any jurisdiction?  Yes  No  
*If "Yes," provide details, including the name of the agency and status of the action.*
7. Have you ever had any civil judgments, lawsuits or liens brought against you?  Yes  No  
*If "Yes," provide details, including the name of the action, date of the action, and outcome.*
8. Have you been adjudicated as bankrupt?  Yes  No  
*If "Yes," provide complete details of the event(s).*
9. Were you ever an owner, partner, director, officer, member or manager of any firm or company which was adjudicated bankrupt or for which a receiver was appointed either during the time or within one (1) year after you were connected with it?  Yes  No  
*If "Yes," provide complete details of the event(s).*
10. Have you made an assignment for the benefit of creditors?  Yes  No  
*If "Yes," provide complete details of the event(s).*
11. Do you currently hold, or have you ever held, any license issued by the State of South Carolina? (Not including a driver's license)  Yes  No  
*If "Yes," attach a copy.*
12. Do you have an ownership interest in an affiliate or subsidiary of the named company or in any other entity that provides a service to the named company or any consumer relating to the company's credit counseling business?  Yes  No  
*If "Yes," provide details, including ownership interest, service(s) provided by the affiliate, subsidiary or other entity.*
13. Have you read and are you familiar with the Consumer Credit Counseling Act, S.C. Code Ann. § 37-7-101 et seq.?  Yes  No

**OTHER ATTACHMENTS:** Please use the checklist below to verify your application is complete. Incomplete information could result in delay or denial of your application.

- Attach or have sent a current (less than 90 days old) Personal Composite Credit Report.  
**The organization's name and "SCDCA – Credit Counseling" must be on the face of the report.**
- Request a Criminal History Check from the state police in your place of residence be sent to the Department, unless otherwise prohibited by law.

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**