



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CREDIT COUNSELOR INITIAL APPLICATION

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

S.C. Code Ann. §§ 37-7-101 through - 122
(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

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

Application can be filed online. Visit www.consumer.sc.gov and click on “online filing.”

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. If any of the information on this form changes, submit an Application Update/Change Form to the Department.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name (Headquarters/Main)			
DBA		Business License No.	
Full Legal Name		Nickname/Previous Name (if any)	
Business Title		Percentage of Ownership	
SSN		Date of Birth	
Employment Address			
	City	State	Zip
Residential Address			
	City	State	Zip
Work Phone No.	() -	Home Phone No.	() -
E-mail Address			

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

Description of Qualifications. Describe the business credentials which qualify you to conduct business pursuant to the South Carolina Consumer Credit Counseling Act, in addition to a description of your character. (Attach additional pages as necessary.)

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 event(s).
4. Have you ever been adjudicated as bankrupt? Yes No
If "Yes," provide complete details of the event(s).
5. 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).

6. 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.
7. 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.
8. 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.
9. 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," provide a copy.
10. Have you read and are you familiar with State and Federal Credit Laws, such as the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, Fair Debt Collection Practices Act, 15 U.S.C. § 1692 *et seq.*, and Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, U.S. Public Law 109-8? * Yes No
11. Have you read and are you familiar with the Consumer Credit Counseling Act, S.C. Code Ann. § 37-7-101 *et seq.*? * Yes No

**Required for all Counselors*

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

- \$40 Application Fee
- Request a Criminal History Check from the State Police in your place of residence. The report must be sent directly 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.