



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CREDIT COUNSELING ORGANIZATION APPLICATION UPDATE/CHANGE FORM

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

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. Attach additional pages as necessary.

GENERAL INFORMATION

Business Name
(Headquarters/Main) _____

DBA _____ Business License No. _____

Contact Person* _____ Phone () - _____

Physical Address _____

City _____ State _____ Zip _____

**The contact person is the person the Department will call with any questions about the application.*

REASON FOR SUBMISSION

Check the appropriate box and give complete information for each checked section.

EMPLOYEE CHANGE (Includes counselor, owner, member, officer or director)

Employee Name: _____

Name Change (Provide New Legal Name) **Home Address Change** (Provide New Address)

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

Business Address Change (Provide New Address)

Change: _____

LOCATION CHANGE (Attach a listing of employees indicating transfer or termination)

Location Address: _____

Inactivate Location

Office Relocation (Select One Below)

Relocate to Existing Location

Relocate to New Location

New Relocation Address _____

Telephone No. () - _____ Fax No. () - _____

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.