



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



**PREPAID LEGAL SERVICES REPRESENTATIVE
INITIAL APPLICATION FOR APPOINTMENT**

Mailing Address

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

S.C. Code Ann. § 37-16-10 et seq. & Reg. 28-1100

www.consumer.sc.gov
803-734-4249/800-922-1594

Street Address

2221 Devine St., Ste. 200
Columbia, SC 29205-2418

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. If any of the information on this form changes, you must notify the Department in writing. When completing the application, attach additional pages as necessary.

Send this completed form and payment to the company you will represent. The company will submit it to the Department on your behalf along with a company check. Contact the company regarding the status of your application. Allow six weeks to process.

GENERAL INFORMATION

Name _____

Social Security No. _____ Date of Birth _____ / _____ / _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____
(If different from above)

City _____ State _____ Zip _____

E-mail Address _____ Telephone No. () - _____

Company Representing _____

QUESTIONS

	Yes	No
Have you been convicted of a crime of deceit or dishonesty within the past ten years? <i>If "Yes," provide a copy of the judgment and/or sentencing order.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you conducted sales or solicitation on behalf of a prepaid legal company in South Carolina prior to the date of this application? <i>If "Yes," provide the beginning and ending dates: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the requirements of the Prepaid Legal Services Act (S.C. Code Ann. § 37-16-10 et seq. & Reg. 28-1100) that apply to prepaid legal representatives?	<input type="checkbox"/>	<input type="checkbox"/>

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

For instructions and more information, go to www.consumer.sc.gov. Please check only one box:

- I am a United States citizen; or
- I am a Legal Permanent Resident of the United States eighteen years of age or older; or
- I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States; or
- Other:

CHECKLIST

Please provide the following to the company you will represent. The company will submit it to the Department on your behalf.

- Completed Application for Appointment (do not leave any blanks)
- Check or money order in the amount of \$40.00 made payable to the company you will represent

I swear or affirm and certify that all information contained in this form and any attachments to this form is true, accurate, and complete. I understand that providing false information or omitting relevant facts constitutes cause for denial or revocation of the application or license and may subject me to criminal prosecution for perjury. I agree to update and correct the information in this application as it changes.

Signature _____

Print Name _____

Date _____

NOTICE: SCDCA asks for personal information only when needed to fulfill a legitimate public purpose. SCDCA is required to collect certain personal information during the application process. The type of information collected depends on state and federal laws. SCDCA shares personal information when required or allowed by the South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable state and federal laws. For example, under state law, we must share licensee data (including social security numbers) for all new and renewal licenses with the Child Support Enforcement Division of the State Department of Social Services.

**PREPAID LEGAL COMPANY
APPOINTMENT OF REPRESENTATIVE**

An authorized agent of the prepaid legal company must complete this section and forward this form along with a company check in the amount of \$40.00 directly to the Department.

Company Name: _____

Authorized Agent Name: _____

On behalf of the above-named company, I hereby appoint this applicant as a representative of this prepaid legal company.

Signature: _____ Date: _____