



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CREDIT COUNSELING ORGANIZATION
APPLICATION INSTRUCTIONS**



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

S.C. Code Ann. § 37-7-101 et seq.
www.sccconsumer.gov
803-734-4236

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

SOUTH CAROLINA CONSUMER CREDIT COUNSELING ACT: A Credit Counseling Organization and its Credit Counselors serving South Carolina debtors must be licensed. An organization is a Credit Counseling Organization when providing or offering to provide consumers with credit counseling services for a fee, compensation, or gain, or in the expectation of a fee, compensation, or gain, including debt management plans.

Credit Counseling Services means (1) receiving or offering to receive funds from a consumer for the purpose of distributing the funds among the consumer's creditors in full or partial payment of the consumer's debts; (2) improving or offering to improve a consumer's credit record, history, or rating; (3) negotiating or offering to negotiate to defer or reduce a consumer's obligations with respect to credit extended by others.

*Complete the Credit Counseling Organization License Application and all additional forms in their entirety. Incomplete, illegible, or faxed applications will not be accepted. Incomplete information could result in the delay or denial of your application. Please **print or type** the application information.*

CRIMINAL RECORD CHECK: All individuals listed in Question #11 of the application must request a criminal record check from the State Police of the State of the individual's residence, unless otherwise stated or prohibited by law. The report must be forwarded directly from the State Police to the Department of Consumer Affairs.
Reminder: Credit Counselors must also request a criminal record check.

CREDIT REPORT: All individuals listed in Question #11 of the application must obtain a current (less than 90 days old) composite credit report. On the report, include the **organization's name** and "**SCDCA- Credit Counseling**".

SURETY BOND: A surety bond in the amount of twenty-five thousand dollars (\$25,000) or in an amount that equals or exceeds the total amount of South Carolina clients' funds in the applicant's trust account at the time of application, whichever is greater, is required. The Special Deposit Bond Form, which can be found on the Department's website, must be used. The name on the bond must exactly match the name of your organization as stated in the Articles of Incorporation or Articles of Organization.

FEES: *All fees must accompany the application.*

- **Application Fee - \$100 per location** A fee of \$100 per location listed in Question # 7. All licenses expire annually on December 31st. Licenses are issued to the specific company location. Renewal notices will be mailed in August prior to expiration.
- **Investigation Fee - \$50** This is only required to accompany initial applications.
- **Counselor Fee - \$40** A fee of \$40 per counselor listed on the organization's Supplemental Form B(s) (Counselor applications must also be submitted.)

CONTINUING EDUCATION: Twelve (12) hours of Continuing Professional Education (CPE) must be earned by December 31st of every other year of licensure (every 2nd renewal/ even-numbered renewal). NO CPE is required for initial licensing. **CPE is required for:** (1) Owners, (2) A designee of a LLC or corporation and (3) Counselors.

MAKE CHECKS PAYABLE TO:
South Carolina Department of Consumer Affairs

SEND COMPLETED APPLICATIONS TO:
SCDCA
Legal Division: Credit Counseling
P.O. Box 5757
Columbia, SC 29250-5757

QUESTIONS:
Carri Grube Lybarker, Staff Attorney~ 803-734-4297
Darlene Dinkins, Program Coordinator~ 803-734-4209



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CREDIT COUNSELING ORGANIZATION LICENSE APPLICATION**



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

S.C. Code Ann. § 37-7-101 through - 122.

www.sccoconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

See Application Instructions. **Please Type or Print Legibly in Ink.** Attach additional page(s) as necessary.

GENERAL INFORMATION

1. Full Name of Credit Counseling Organization (applicant): _____

Federal Tax ID No.: _____ *(Sole proprietors without employees disregard)*

Trade Name – d/b/a: _____

2. Applicant's Contact Person: _____

3. Business Headquarters Address: _____
(Street Address)

(City) (State) (Zip Code) (County)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

4. Telephone Number: () - _____ Fax Number: () - _____

5. Website Address: _____

6. E-Mail Address: _____

7. LOCATIONS: List (1) all locations within South Carolina and (2) all locations outside the State that are soliciting and/or contracting with debtors located in South Carolina. (Attach additional page(s) as necessary)
NOTE: Supplemental Form B must be completed for each location.

| Address | Phone Number | Manager |
|---------|--------------|---------|
| | () - | |
| | () - | |
| | () - | |

8. Current Business Type and Services Offered:

A. Non-Profit For Profit

B. Sole Proprietorship Partnership Limited Liability Company Corporation
(Attach a copy of the agreement, Articles of Incorporation, or Articles of Organization as applicable)

C. Receiving and distributing consumer's funds Improving consumer's credit record, etc. Negotiating to defer or reduce consumer's obligations

9. Name and Address of Registered Agent in South Carolina: _____
(Last) (First) (Middle)

(Street Address) (City) (State) (Zip Code)

10. Is this organization owned by a business entity? YES NO If yes, NAME: _____
NOTE: Every owner, partner, member, officer, or director must be listed under Question 11 and must submit the required information, including a Supplemental Form A, unless otherwise stated.

11. List all names, titles and percentage owned of every owner, officer, partner, member and director of the applicant.
NOTE: Every individual listed below must complete a separate Disclosure Form (Supplemental Form A) UNLESS the person (a) serves as a director on a voluntary board, (b) does not receive compensation directly or indirectly from the corporation, and (c) holds no financial interest in the corporation.

| Name | Title | Percentage of Ownership (If Any) |
|------|-------|----------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

12. Briefly describe the business qualifications of the applicant and its owners, partners, members, directors, and officers which qualifies the company to conduct business pursuant to the South Carolina Consumer Credit Counseling Act.

(Attach additional page(s) as necessary)

13. Is the applicant currently conducting, or has the applicant previously conducted, its credit counseling business in South Carolina? YES NO

If yes, give beginning and end dates as applicable: _____

14. Has the applicant or any of its affiliates applied for a license with the South Carolina Department of Consumer Affairs within the last ten (10) years?

If yes, attach complete details of the outcome of the application.

15. Has the applicant or any of its affiliates ever been refused a license to engage in any business or had any license suspended or revoked by any state or federal agency? YES NO

If yes, attach complete details of the refusal, suspension, or revocation.

16. Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against the applicant or any of its affiliates?

If yes, attach complete details of the event.

17. Does the applicant or any of its affiliates conduct credit counseling in other states? If yes, provide the following information. Also indicate any states in which applications are pending.

| State | Name of Company | Date of Initial Registration/Licensing | Registration/License Number | Number of Years in Operation |
|-------|-----------------|--|-----------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

- \$100 Application Fee per location
- \$50 One-time Investigation Fee
- A properly executed Surety Bond issued (a) by a company authorized to transact business in South Carolina, (b) to the South Carolina Department of Consumer Affairs and (c) in the amount of **twenty-five thousand dollars (\$25,000)** or in an amount that equals or exceeds the total amount of south Carolina clients' funds in the applicant's trust account at the time of application, whichever is greater.
- Financial Statements for the applicant as of the most recent fiscal year. Personal financial statements of every owner, partner, member, officer, and director of the applicant may be substituted for **new** company statements. ("New" being a company in business for less than one year.)
- A description of the organization's Consumer Education Program.
- A copy of the organization's Agreement/Contract.
- A copy of the organization's Budget Analysis Form, if applicable.
- A copy if the organization's Creditor Consent Form, if applicable.
- A copy of the organization's Fee Schedule.
- Supplemental Form A for every owner, partner, member, officer, and director of the applicant listed in Question #11, unless otherwise stated.
- All individuals listed in Question #11 requested Criminal Records Checks, unless otherwise noted.
- All individuals listed in Question #11 requested or obtained Personal Current Composite Credit Reports, unless otherwise noted.
- Supplemental Form B for every location listed in Question #7.
- Counselor applications for persons listed on the organization's Supplemental Form B(s),
- A copy of the organization's agreement, Articles of Incorporation, or Articles of Organization, as applicable.

- Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or limited partnership. (i.e. certified copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina). *Copies of Articles or Certificates of Existence may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158.*
- A copy of the organization's IRS Exemption Letter, if a non-profit entity.

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. **The undersigned acknowledges the duty and agrees to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by and for the entity for which s/he signs.

SWORN TO AND SUBSCRIBED before me
 this ____ day of _____, 20 ____

 Signature of person completing the form

Notary Public For: _____

 Type or Print your name

My Commission Expires: _____

 Type or Print your Business Relationship or Title

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however, personal identifying information will be released only if required by law.

 Street Address

 City State Zip Code

Telephone Number: () - _____

E-Mail Address: _____