



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CREDIT COUNSELOR
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. A **Credit Counselor** is an employee or agent of a **Credit Counseling Organization** engaging in credit counseling services.

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; or (2) improving or offering to improve a consumer's credit record, history, or rating; or (3) negotiating or offering to negotiate to defer or reduce a consumer's obligations with respect to credit extended by others.

*Complete the Credit Counselor License Application and any 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 counselors must request a criminal record check from the State Police of the State of the individuals' residence, unless otherwise stated** or prohibited by law. The report **must be forwarded directly from the State Police** to the Department of Consumer Affairs.

FEES: *All fees must accompany the application.*

- **Application Fee - \$40** A fee of \$40 must be sent with the application. All licenses expire annually on December 31st.

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.

***South Carolina Residents must follow the instructions under "South Carolina Criminal Background Checks."*

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 COUNSELOR 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
(An original, signed and notarized form is required)

This form may be duplicated. **Print legibly or type information requested on the form in its entirety.** If any of the basic information on this form changes, submit an Application Update/Change Form to the department. Incomplete information could result in delay or denial of your application. When completing the application, attach additional page(s) as necessary.

1. Company Name: _____
(Current Employer)

2. Address(es) Where Employed: _____
(Street) (City) (State) (Zip Code)
*All addresses where employed must be listed. Attach additional page(s) as necessary.

3. Your Legal Name: _____
(Last) (First) (Middle)
Have you been known by any other name? YES NO If yes, state the name: _____
(Ex. Maiden name, etc.)

4. Business Relationship or Title: _____ Percentage of Ownership _____

5. Resident Address: _____ How long at this address? _____
(Street)

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

6. Work Telephone Number: () - _____ Home Telephone Number: () - _____
Fax Number: () - _____ E-Mail Address: _____

7. Date of Birth: / / _____ Place of Birth: _____ SSN: - - _____

8. Driver's License Number: _____ 9. State and Date of Issue: _____

9. Educational Background

School	Address	Dates Attended	Degree Earned
1.			
2.			
3.			
4.			

- | | YES | NO |
|---|--------------------------|--------------------------|
| 19. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of the action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you currently hold, or have you in the past held, any license issued by the State of South Carolina? (Do not include your driver's license.) If yes, attach a copy of the license(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 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 <u>et seq.</u> , Fair Debt Collection Practices Act, <u>15 U.S.C. § 1692 et seq.</u> , and <u>Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, U.S. Public Law 109-8?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you read and are you familiar with the Consumer Credit Counseling Act, <u>S.C. Code Ann. § 37-7-101 et seq.</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |

22. **Other Attachments** (Please use the checklist below to verify your application is complete)

INCOMPLETE INFORMATION COULD RESULT IN DELAY OR DENIAL OF YOUR APPLICATION

- | | CHECK
HERE |
|--|--------------------------|
| \$40.00 Application/Renewal Fee | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check is required for all applicants.**

Signature of Credit Counselor

Type or Print your name

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

Notary Public For

My Commission Expires: _____

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.