



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



DISCLOSURE FORM RENEWAL SUPPLEMENTAL FORM A

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

www.sccoconsumer.gov

803-734-4236

Mailing Address

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

Street Address

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

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information MUST be provided on a separate form for EACH **RENEWING** MEMBER, OWNER, PARTNER, OFFICER, and DIRECTOR. This form may not be completed unless an initial Supplemental Form A was previously submitted. This form may be duplicated. Complete the form in its entirety. If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of the application. When completing the application, attach additional page(s) as necessary. **This form must be postmarked by December 1st.**

1. Company Name: _____ Company License Number: _____
(Applicant Organization)

2. 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.)

3. Business Relationship or Title _____ Percentage of Ownership _____

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

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

6. Work Telephone Number: () - _____ Home Telephone Number: () - _____

7. Date of Birth: ____ / ____ / ____ 8. SSN: ____ - ____ - ____

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

Mark an "X" in the Appropriate Box

If you answer "YES" to any question, attach a separate sheet giving complete details.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 10. Has there been any change to your business qualifications, educational or employment backgrounds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have there been any changes to Questions 12-22 of the initial Supplemental Form A? | <input type="checkbox"/> | <input type="checkbox"/> |

I swear or affirm and certify that I have completed and/or reviewed all information on prior forms submitted and 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 may be requested.

Signature of Owner, Partner, Member, Officer, or Director

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.