



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

MORTGAGE BROKER LICENSE RENEWAL APPLICATION

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

S.C. Code Ann. § 40-58-10 through -110 (Supp. 2004)
www.sccoconsumer.gov
803-734-4236/800-922-1594

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

See Renewal Instructions to complete this form. Please Type or Print Legibly

DO NOT FAX THIS FORM

Full Company Name: _____	Federal Tax ID No. _____ <i>(If you are a sole proprietor and have no employees disregard)</i>
d/b/a _____	File by September 30
Mailing Address: _____ Street Address, City, State and Zip	
Physical Address: _____ Street Address, City, State and Zip	Note: If the company is not renewing its mortgage broker license, please notify the Department in writing by September 30
Telephone: _____ Fax: _____	
E-Mail Address: _____	

1. _____ Total number of South Carolina physical locations, this includes all branches and satellites. An additional \$150 renewal fee is required for each South Carolina branch location.
2. Total Fees \$_____ = \$550 (Renewal Fee) + (Number of satellite and branch locations _____ x \$150) + late fees, if applicable, \$250 if application filed after September 30 and \$100 if continuing education is not completed by September 30.
3. I certify evidence of financial responsibility (Check One) (bond letter of credit) is in effect as of the date of my signature on this application.
4. Current Business Type: Sole proprietorship Partnership Limited liability company (LLC) Corporation
Is Current Business Type above a change from previous filing(s)? (Check One) YES (See #8 or note that follows) NO
5. Has the ownership interest changed from previous filing(s)? (Check One) YES (Complete the following) NO (Skip to Item 7)
6. If current business type is a corporation or limited liability company (LLC), list all officers, their ownership interest and whether they actively participate in the broker business. If the business is a partnership, list all partners and their ownership interest. (See S.C. Code Ann. §§ 40-58-50, -67.) Also, complete a Supplemental Form C to update the company's Agent for Service of Process.

Name	Ownership Interest	Actively Participates

7. List the name, title, and office telephone number of the contact person for the business: _____
8. *On the appropriate Supplemental Form A list the name and relationship to the business of all owners, partners, members, corporate officers and employees other than originators. If applicable, an original Supplemental Form A must be completed for all owners, partners, members, corporate officers and/or employees other than originators. Originators are separately licensed and do not require a Supplemental Form A. (*Applicable only if there have been changes.)
9. If answer is Yes to #4 above and you are now a sole proprietorship or partnership, each owner and partner must complete the Birth date and Social Security Number information, below.

Name	Birth date	Social Security Number

If business type change is a limited liability company or corporation, Articles of Organization (LLC) or Articles of Incorporation (corporation), a Supplemental Form C, and a new bond or rider reflecting name change or an Amended Letter of Credit must be submitted with renewal application. Remember: The officers/owners may need to meet the 2 years origination experience requirement. See S.C. Code Ann. § 40-58-50(C).

- 10. Continuing Professional Education (CPE) – Include a Certificate of Completion for each person who is **required** to earn CPE hours for the broker business (See S.C. Code Ann. § 40-58-67.)
- 11. I swear or affirm and certify that I have completed and/or reviewed all information in this application and that all information contained herein and in all addending or supplemental forms is true, current and accurate. I further certify that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of my application or license 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.**

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

Signature of person completing form

Notary Public For _____

Print Name, Business Relationship or Title

My Commission Expires: _____