



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
ORIGINATOR LICENSE APPLICATION
SUPPLEMENTAL FORM O**

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

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

Street Address
3600 Forest Drive
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 information on this form changes, submit a revised form to the department. Incomplete information could result in delay or denial of your application.

Company Name and License Number: _____
(your current employer)

South Carolina address where employed: _____
(Street Address, City, State and Zip)

Your legal name: _____
Last Name, First Name and Middle Name (NOT Initial)

Business relationship or title: _____
*If an owner, partner, officer or member, state your ownership interest (Ex. 25%) _____

Have you been known by any other name? Yes No If yes, state the name _____
(Ex. Maiden name, etc.)

Present Home/Street Address: _____ How long at this address? _____

City: _____ State: _____ Zip: _____ County: _____ Work telephone: _____ - -

Date of Birth: _____ (mm/dd/yyyy) SSN: _____ - - Home telephone: _____ - -
Fax: _____ - -

In what state were you born? _____ E-Mail: _____

Driver's License No. _____ State & Date of Issue: _____

REASON FOR SUBMISSION

(Check appropriate box and give complete information for each section checked)

Initial Application

Renewal Application

Name Change (Give your new legal name): _____
Last Name, First Name and Middle Name (NOT Initial)

Home Address Change (Former Home Address): _____
Street Address
City, State, Zip and Telephone Number

Employment Changes (Former Employer)
Company Name and License Number: _____
Address where employed: _____
Street Address, City, State and Zip

Business Address Change
(Former Address Where Employed) _____
Street Address
City, State, Zip and Telephone Number

EMPLOYMENT BACKGROUND

Describe your employment, at least five years, starting with current, noting origination of residential mortgages.

NAME OF EMPLOYER	ADDRESS & TELEPHONE NO.	DATES OF EMPLOYMENT	POSITION	NAME OF OWNER

Mark an X in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

YES NO

- Have you been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? (Include all offenses other than minor traffic violations.) Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
- Have you ever been charged with irregularities or shortages in your business accounts or transactions? If yes, provide details.
- Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in any jurisdiction? Provide details including the name of the profession and the agency (include agency address).
- Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Provide details, including the name of the agency and date of action.
- Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of action.
- Have you ever had any civil judgments, lawsuits or liens brought against you? If yes, provide details.
- Do you currently hold, or have you in the past, held any credential (license) issued by the State of South Carolina? If yes, what type of credential? (Do not include drivers license) _____
- Are you licensed in any other jurisdiction in any capacity in the mortgage industry, if yes, provide details?
- Have you read and are you familiar with the Mortgage Loan Broker Act, S.C. Code Ann. § 40-58-10 et seq.? (Must answer YES if you work in the broker business) Describe any training you have received in mortgage brokering, including on-the-job-training (OJT).

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 SC Code 40-58-10 through -110 a criminal records check by the South Carolina Law Enforcement Division will be obtained.

Signature of Owner/Employee

Type or Print your name and Business Relationship or Title

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.