



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

INITIAL APPLICATION FOR INDIVIDUAL MOTOR CLUB REPRESENTATIVE REGISTRATION

Mailing Address

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

S.C. Code Ann. § 39-61-120 et seq.

www.sccoconsumer.gov

803-734-4291/800-922-1594

Street Address

2221 Devine St. Ste. 200
Columbia, SC 29205-2418

Instructions

Applicant must return this completed form to sponsoring motor club company for submission with Appointment, License Fee, etc. Do not leave blank spaces on this form. In the event information requested is inapplicable, please note this by marking n/a for not applicable.

Note: This form must be completed for each company you represent.

REPRESENTATIVE INFORMATION

Last Name:		Telephone No.:	
First Name:		SSN:	
Middle Name:		Drivers License No.	State Issued:

RESIDENCE ADDRESS

Present	Street	City	State	Zip	County
Previous					

NAME AND ADDRESS OF MOTOR CLUB BEING REPRESENTED

Name	Street Address	City	State	ZIP

APPLICANT PERSONAL HISTORY

Date of Birth	Place of Birth	Parent's Name	
		Father:	
		Mother: (Maiden)	

EDUCATIONAL BACKGROUND

Type of School	Name and Address of School	Course of Study	Years Attended		Graduate	
			From	Thru	Yes	No
High School					<input type="checkbox"/>	<input type="checkbox"/>
College					<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)					<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE
 (Last Five Years Only)
 List Current or Most Recent Experience First

Employer's Name and Address	Business Type	Date of Employment		Positions or Duties	Reason for Termination
		From	To		

QUESTIONS

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you, or, have you been, licensed as a motor club representative in any State?
If yes, list states. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a license suspended or revoked by any governmental agency?
If yes, when and by whom? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had a representative contract cancelled by a motor club?
If yes, list company and reason for cancellation. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been charged with irregularities or shortages in your accounts or transactions with a motor club? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been convicted of a violation of any law other than minor traffic violations in the last ten years?
If yes, give details. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How much time will you devote to motor club business? _____ | | |
| 7. Describe the training you have received to offer motor club services.
_____ | | |
| 8. Are you familiar with the provisions of the South Carolina Motor Club Services Act that relate to motor club representatives, and to Unfair Trade Practices in the motor club business? | <input type="checkbox"/> | <input type="checkbox"/> |

APPLICANT'S CERTIFICATION

I, _____, the applicant, do solemnly swear that all information and answers contained in this application are complete, true and correct to the best of my knowledge.

SWORN AND SUBSCRIBED to and before me
 this ____ day of _____, 20__

 Notary Public
 My Commission Expires: _____

 Signature of Applicant