



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS**  
**MOTOR CLUB REPRESENTATIVE APPOINTMENT  
SUMMARY**

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

[www.sccoconsumer.gov](http://www.sccoconsumer.gov)  
803-734-4291/800-922-1594

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

Date: \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

SSN	Name of Representative
1.	
2.	
3.	
4.	
5.	
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7.	
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10.	
11.	
12.	
13.	
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16.	
17.	
18.	
19.	
20.	

Total number of representatives \_\_\_\_\_ (@\$20.00 per representative) = total fee due and enclosed. \$ \_\_\_\_\_

**Failure to remit total fees due will result in return of applications**

Please attach all appointments to this Summary

**For Department Use Only**

