

The following questions must be answered by the applicant:

1. Have you ever been the subject of any disciplinary action, including suspension, cancellation or revocation by any Insurance Department, governmental entity, or other licensing authority? ____ Yes ____ No
2. Have you ever been convicted, pled guilty, or no contest in any criminal proceedings? ____ Yes ____ No
If yes, attach a statement providing complete details.
3. Have you ever been charged by any entity with misappropriation, conversion, or withholding of money? ____ Yes ____ No
If yes, attach a statement providing complete details.
4. I understand that if I violate South Carolina Code §38-43-106(A)(1) or Regulation 69-50 relating to the continuing education insurance program requirements, I may be assessed a fine of not less than \$1,000, suspension of approval or termination of approval status ____ Yes ____ No

I, _____, do solemnly swear that the information and answers contained
(Applicant's signature) herein are true and complete to the best of my knowledge.

Sponsor Information (This section must be completed by the sponsor and the sponsor must sign and date the application) – PLEASE TYPE – The information provided below is required.

Name of Approved Sponsor: _____ Sponsor No: _____

Sponsor's Authorized Representative: _____

Sponsor's Address: _____
Address City State ZIP

Sponsor's Telephone No: _____ E-mail Address: _____

Please check here if sponsor has had an address change within the past year. ____ Yes

Signature of Sponsor's Authorized Representative Date

For Department Use Only			
_____ Date Reviewed	_____ Approved	_____ Disapproved	Instructor Approval Number _____
Reason for Disapproval _____			