

**South Carolina Law Enforcement Division  
Regulatory Services Unit**

1. Is your company incorporated? \_\_\_\_\_ Yes \_\_\_\_\_ No

(a) If yes, please attach a copy of Articles of Incorporation certified by the Secretary of State and list below, or on an attached sheet, the name, address, race, sex, date of birth, and Social Security number of all corporate officers and Board of Directors. If business is a corporation, only the corporate head is required to fill out application for certification. However, with the approval of the Division, such corporate head may designate in writing a corporate official to fill out the application for certification.

| Name  | Address | Race/Sex | DOB   | Social Security # |
|-------|---------|----------|-------|-------------------|
| _____ | _____   | _____    | _____ | _____             |
| _____ | _____   | _____    | _____ | _____             |
| _____ | _____   | _____    | _____ | _____             |

(b) Are you the Corporate Head? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(If NO, a letter must be attached from the corporate head designating you as the certificate holder)**

2. Do you have financial interest in the company? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(If company is NOT incorporated, individual applying for certification must have a financial interest in the company.)**

3. Is your company a partnership or an association? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach a completed application for each partner and/or associate member and list their names, addresses, race, sex, dates of birth and Social Security numbers below for purposes of a criminal history check.

| Name  | Address | Race/Sex | DOB   | Social Security # |
|-------|---------|----------|-------|-------------------|
| _____ | _____   | _____    | _____ | _____             |
| _____ | _____   | _____    | _____ | _____             |
| _____ | _____   | _____    | _____ | _____             |

4. Are you the sole owner of this company? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please list name, address, race, sex, date of birth, and social security number of all individuals who have a financial interest in this company, if not already shown on this form.

| Name  | Address | Race/Sex | DOB   | Social Security # |
|-------|---------|----------|-------|-------------------|
| _____ | _____   | _____    | _____ | _____             |
| _____ | _____   | _____    | _____ | _____             |
| _____ | _____   | _____    | _____ | _____             |

(For statutory clarification, please refer to Section 17-15-37 of the 1976 S.C. Code of Law as Amended.) I hereby certify the above information to be true and complete to the best of my knowledge. I further understand that willfully withholding information or making false statements on this form may be the basis for denial, revocation, or suspension of my certification by the S.C. Law Enforcement Division.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Sworn and subscribed before me this  
The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina Commission Expires: \_\_\_\_\_