



South Carolina Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor

Mark A. Keel, Chief

Tel: (803) 737-9000

TO: Commissioned State Constables

FROM: Chief Mark A. Keel

RE: Renewal of State Constable Commission

In order to renew your State Constable commission, you must submit the following information to the South Carolina Law Enforcement Division (SLED), P.O. Box 21398, Columbia, South Carolina 29221 no later than March 15, 2019. Failure to submit the required documentation may result in delayed renewal or suspension of your commission.

The following forms **must be completed accurately and legibly**:

- Renewal application
- Release form
- Authorization for Release of Records
- Judgment Statement
- Possession of Firearms/Ammunition Affidavit
- State Constable Consent and Medical History
- Report of State Constable Examination/Medical
- Oath of Office

Group III and Group III-Advanced State Constables are required to include a \$50.00 cashier's check, certified check, or money order payable to the S.C. Law Enforcement Division.

Group I State Constables are required to submit documentation obtained from the S.C. Criminal Justice Academy (CJA) or employing agency certifying the applicant's law enforcement certification is current and consistent with the commission. **Please note:** Renewal applications missing required documentation may result in delayed commission renewal and/or suspension.

Group II non-working constables are exempt from submitting the required medical documentation. Should a Group II State Constable decide to begin assisting a law enforcement agency, that documentation must be submitted to SLED prior to assisting law enforcement.

ADM-2



An Accredited Law Enforcement Agency



APPLICATION FOR STATE CONSTABLE COMMISSION RENEWAL

**REMIT TO: S.C. LAW ENFORCEMENT DIVISION
PO BOX 21398, COLUMBIA, SC 29221-1398**

AD # _____

Name _____ Social Security No. _____

Address _____ City _____ Zip _____

County _____ Date of Birth _____ Sex _____ Race _____

Telephone No. (Home) _____ Work _____

Email Address _____

Voter Registration No. _____ Driver's License No. _____

Is Your Primary Residence in South Carolina ? Yes No

Current Employer _____

Will you use this commission in connection with your employment? Yes No

If yes: Bank (name) _____ Utility Co. (name) _____

Since your commission was last issued or renewed, have you been arrested or charged with any violations? Yes No

Has your physical condition changed since your current commission was issued? Yes No

Have you undergone treatment for any nervous, mental or emotional disorder since your current commission was issued? Yes No

If you answered yes to any of the above questions, please attach a detailed explanation.

If you are a Group II, Group III, or Advanced Constable, list the Law Enforcement Agencies you have assisted since your commission was issued (if within the past 4 years) or renewed. _____

Sworn to and subscribed to before me
This _____ day of _____, 20____.

Signature of Applicant

Notary Public for South Carolina

Date

My Commission Expires: _____



STATE CONSTABLE RELEASE

I, _____ of _____
(Name) (Address)

(County) (State)

hereby freely, knowingly, and voluntarily request permission to be commissioned as a State Constable by the Governor of South Carolina and the South Carolina Law Enforcement Division.

FURTHER, upon entering and participating in such activities and/or programs, I do so fully understanding the nature and purpose, policies, rules, and regulations of the above named South Carolina Law Enforcement Division and so hereby release the South Carolina Law Enforcement Division, State of South Carolina, and all employees and/or agents of said agencies and/or departments from liabilities from any and all acts or omissions that may cause direct or indirect injury to my person or property.

FURTHER, I freely and voluntarily (without duress or coercion, direct or indirect), with full and complete knowledge of all of the above facts and possible consequences, give this release and assume any and all risks and liabilities which may be incurred by and in my participation in any and all activities directly and indirectly related to and in the course of the above program and/or activities.

(Signature) (Date)

Sworn to this _____ Day of _____, 20____.

Notary Public for South Carolina

My Commission Expires _____



AUTHORIZATION FOR RELEASE OF RECORDS

In order to determine my suitability for a state constable commission, the South Carolina Law Enforcement Division (SLED) is conducting a background investigation.

I, _____, do hereby authorize any military organization, doctors, insurance companies, educational institutions, governmental agencies, banks and credit agencies, former and present employers, and individuals to furnish to the South Carolina Law Enforcement Division any or all available information regarding me, whether or not it is on their records. I hereby release them from any civil or criminal liability whatsoever for issuing same.

(Signature)

(Date)

Sworn to this _____ day of _____, 20_____.

Notary Public for South Carolina

My Commission Expires _____

4/2018'



JUDGMENT STATEMENT AFFIDAVIT

I, _____, _____
Name Street

_____ do hereby certify that
City Zip Code

I have no judgments against me in the County of _____ which I reside or any other County in South Carolina.

Signature

Date

Sworn and subscribed before me this

_____ day of _____, 20_____

Notary Public for South Carolina

Commission expires: _____

COUNTY OF _____)
STATE OF SOUTH CAROLINA)

POSSESSION OF FIREARMS/
AMMUNITION AFFIDAVIT

Personally appeared before me, _____, who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence?
 Yes No Not Certain

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that the person represents a credible threat to the physical safety of the partner or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner that would reasonably be expected to cause bodily harm?
 Yes No Not Certain

WITNESSED, this _____ day of _____, 20 _____.

(Signature)

(Name)

Sworn to this _____ day of _____, 20 _____.

Notary Public for South Carolina

My commission expires on _____.

4/2018'





STATE CONSTABLE CONSENT AND MEDICAL HISTORY

Name _____ Age _____ SSN _____

Home Address _____ Phone _____

Date of Birth _____

The answers that I give are true to the best of my knowledge. This information will be used to determine whether I am medically capable of performing the essential functions of the physical demands while assisting law enforcement with the State Constable program. Medical information regarding my ability to perform these activities will be made available to SLED. Other Information will be held strictly confidential.

Signature _____ Date _____

- 1. Do you have or have you ever had: YES NO
Measles
Bronchitis
Mumps
Chickenpox
Seizures
Pneumonia
Tuberculosis (TB)
Cancer
Diabetes
Blood Problems
High Blood Pressure
Heart Problems
Kidney Problems
Ulcers
Arthritis
Hernia
Hemorrhoids
Skin Problems
Back Problems
Asthma
Lung Problems
Mental Illness
Hepatitis
Surgery
Significant Injuries

2. Are you allergic to any medicines, food or other substances? _____

3. Do you use: Yes/ No/ How Much/ In Past?
Cigarettes _____
Alcohol _____
Drugs _____

4. List all medications you take regularly:

5. Family History: Have your mother, father, sister or brother had the following:

- Diabetes
High Blood Pressure
Heart Disease
Cancer
Stroke
Tuberculosis (TB)

Explain _____
Explain _____

Current Occupation _____ Job you have held longest _____

Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere?
yes no Explain _____

Have you ever been unable to hold a job because of medical reasons? yes no
Explain _____

Have you ever received Workers' Compensation? yes no
Explain _____

Have you lost time from work for medical reasons in the past five years? yes no
Explain _____

Examiner's Comments _____



STATE CONSTABLE MEDICAL EXAMINATION

Height _____

Weight _____

Blood Pressure _____

Pulse _____

Visual Acuity (R) _____ (L) _____ Without Correction

(R) _____ (L) _____ With Correction

Color Vision _____

	Normal	Abnormal	Explanation
Eyes			
Ears			
Hearing			
Nose			
Throat			
Mouth			
Neck			
Abdomen			
Hernia			
Genitourinary			
Back			
Extremities			
Upper			
Lower			
Neurologic			
Skin			
U.A.			
TB Skin Test	pH _____	s.g. _____	Chemistry _____

Medically **Suitable** for the State Constable program

Medically **Unsuitable** for the State Constable program for the following reasons:

COMMENTS: _____

Date: _____ Physician's Signature _____



REPORT OF STATE CONSTABLE EXAMINATION

TO THE EXAMINING PHYSICIAN:

All information **MUST** be completed. Please type or print legibly and return to the constable candidate and/or the South Carolina Law Enforcement Division (SLED).

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

PATIENT/CANDIDATE'S NAME: _____

Social Security No.: _____

THE ABOVE NAMED CANDIDATE IS:

Medically **Suitable** for the State Constable program

Medically **Unsuitable** for the State Constable program for the following reasons:

COMMENTS: _____

The medical history and physical examination results for this candidate are on file in the physician's office at the above address and will be made available to the South Carolina Law Enforcement Division upon request. The candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at his/her expense.

Date: _____ Physician's signature: _____

Date: _____ Candidate's signature: _____

NOTE: ALL information must be completed above, the physician must check medically suitable/unsuitable and sign and date this page. The candidate must sign and date this page as well.

Write your name and mailing address plainly here.

Name _____

Mailing Address _____

Oath for Peace Officers

STATE OF SOUTH CAROLINA }

County of _____ }

When Commissioned
Stamp here

I do solemnly swear (or affirm) that:

I am duly qualified, according to the Constitution of this State, to exercise the duties of the office to which I have been appointed, and that I will, to the best of my ability, discharge those duties and will preserve, protect and defend the Constitution of this State and of the United States;

I swear that I am under no promise, in honor or law, to share the profits of the office to which I have been appointed, and that I will not directly or indirectly, sell or dispose of said office or the profits thereof, but will resign, or continue to discharge the duties thereof during the period fixed by law, if I so long live.

So help me God

Officer's Signature

Sworn to and subscribed before me on this

_____ Day of _____ 20_____ }

Notary Public for South Carolina

My commission expires _____