

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY  
*Governor*



MARK A. KEEL  
*Chief*

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, 2015. 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

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7048



**RENEWAL APPLICATION FOR STATE CONSTABLE COMMISSION**

**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: \_\_\_\_\_





## 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 \_\_\_\_\_

10/14



## 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: \_\_\_\_\_

10/2014

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 \_\_\_\_\_.

7/2014





**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.



# 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 \_\_\_\_\_

- |  |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
|--|--------------------|--|--|-----|----|----------|--|--|---------------------|--|--|---------------|--|--|--------|--|--|--------|--|--|-------------------|--|--|
| <p>1. Do you have or have you ever had:</p> <p>Measles</p> <p>Bronchitis</p> <p>Mumps</p> <p>Chickenpox</p> <p>Seizures</p> <p>Pneumonia</p> <p>Tuberculosis (TB)</p> <p>Cancer</p> <p>Diabetes</p> <p>Blood Problems</p> <p>High Blood Pressure</p> <p>Heart Problems</p> <p>Kidney Problems</p> <p>Ulcers</p> <p>Arthritis</p> <p>Hernia</p> <p>Hemorrhoids</p> <p>Skin Problems</p> <p>Back Problems</p> <p>Asthma</p> <p>Lung Problems</p> <p>Mental Illness</p> <p>Hepatitis</p> <p>Surgery</p> <p>Significant Injuries</p> | <p>YES      NO</p> | <p>2. Are you allergic to any medicines, food or other substances? _____</p> <p>3. Do you use:</p> <p style="padding-left: 40px;">Yes/ No/ How Much/ In Past?</p> <p>Cigarettes _____</p> <p>Alcohol _____</p> <p>Drugs _____</p> <p>4. List all medications you take regularly:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5. Family History: Have your mother, father, sister or brother had the following:</p> <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> </tr> <tr> <td>High Blood Pressure</td> <td></td> <td></td> </tr> <tr> <td>Heart Disease</td> <td></td> <td></td> </tr> <tr> <td>Cancer</td> <td></td> <td></td> </tr> <tr> <td>Stroke</td> <td></td> <td></td> </tr> <tr> <td>Tuberculosis (TB)</td> <td></td> <td></td> </tr> </table> <p>Explain _____</p> <p>Explain _____</p> |  | Yes | No | Diabetes |  |  | High Blood Pressure |  |  | Heart Disease |  |  | Cancer |  |  | Stroke |  |  | Tuberculosis (TB) |  |  |
|  | Yes                | No   |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
| Diabetes   |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
| High Blood Pressure  |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
| Heart Disease  |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
| Cancer   |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
| Stroke   |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |
| Tuberculosis (TB)  |                    |  |  |     |    |          |  |  |                     |  |  |               |  |  |        |  |  |        |  |  |                   |  |  |

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.	pH _____	s.g. _____	Chemistry _____
TB Skin Test	_____		

Medically **Suitable** for the State Constable program

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

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Physician's Signature \_\_\_\_\_

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 \_\_\_\_\_