

# South Carolina Department of Insurance

## Personal Information Data Sheet

1. Social Security Number		2. Individual Number <b>Not applicable on this blank form</b>		
3. If applicable, NASD Individual Central Registration Depository (CRD) Number		4. Are you affiliated with a financial institution/bank? <div style="text-align: center;">Yes                      No</div>		
5. Last Name <div style="text-align: right;">JR./SR. etc</div>	6. First Name	7. Middle Name	8. Date of Birth	
9. Residence/Home Address (Physical Street)		10. P. O. Box	11. City	12. State
14. Home Phone Number		15. Gender (Circle One) Male      Female	16. Are you a Citizen of the United States? (Check One) Yes          No          (If No, of which country are you a citizen?) (If No, you must supply work authorization))	
17. Employer's Name				
18. *Business Address (Physical Street)		19. P. O. Box	20. *City	21. *State
22. *Zip	23. *Business Phone Number		24. Business Fax Number	25. Business E-Mail Address
26. Business Web Site Address		27. Applicant's Mailing Address		
28. P. O. Box		29. City		30. State
31. Zip		32. List any name under which you are doing business		

**\*If the business address and/or the business telephone number is left blank, the department will default them to the mailing address and home telephone number. This form must be signed and dated.**

I hereby certify that, under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

The following items must be returned to the Department of Insurance by 5:00 p.m., April 15, 2003:

1. **A \$35.00 administrative fee paid by the producer. However, if an insurance agency is paying the \$35 fee on behalf of its producers, the agency must submit the Personal Information Data Sheet for all producers of the agency, and attach one check or money order for payment for all producers.**
2. **A properly completed Personal Information Data Sheet. All blank spaces must be completed.**
3. **A self-addressed, stamped envelope. A new license will be mailed to you in the envelope provided. A Producer can check his/her licensing status on the Department's website at: [www.doi.state.sc.us](http://www.doi.state.sc.us)**

**Street Address:**  
300 Arbor Lake Drive, Suite 1200  
Columbia, SC 29223

**Mailing Address:**  
P.O. Box 100105,  
Columbia, SC 29202-3105