SOUTH CAROLINA DEPARTMENT OF INSURANCE

Education Services Division P.O. Box 100105, Columbia, SC 29202-3105 (803) 737-6223

APPLICATION FOR PRELICENSING AND CONTINUING EDUCATION PROCTOR APPROVAL (If all required material is not submitted and/or if the application is not properly completed, the application will be disapproved and the filing fee will be forfeited)

SECTION I.	
Full Name:	FIRST MI
Social Security Number:	
Residence Address:	
СІТУ	STATE ZIP CODE
Telephone Number:	
SECTION II.	
Attached to this application for Proctor Approval must be the following: 1. A nonrefundable filing fee of \$100.00. 2. A High School Diploma or its equivalent (attach evidence). 3. A letter of reference from an employer. 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	
If yes, attach a statement providing complete details.	
Have you ever been convicted, pled guilty or no contest in any criminal proceeding? Yes No If yes, attach a statement providing complete details.	
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.	
NOTE: Failure to comply with the requirements of Regulation 69-50 may result in a fine of not less than \$1,000, suspension of approval or termination of approval status. STATEMENT OF APPLICANT	
I, do solemnly swear that the information and answers contained in APPLICANT'S SIGNATURE	
this application are true and complete to the best of my knowledge. I understand that the application will be	
disapproved and the filing fee will be forfeited if this	
required information is not submitted.	
SWORN TO AND BEFORE ME DAY OF, 20	
	NOTARY PUBLIC
SECTION III.	
FOR INTERNAL USE ONLY	
	Proctor Number:
Not Approved - Explanation:	