



South Carolina Commission on Higher Education

Nonpublic Postsecondary Institution Licensing
 1122 Lady Street, Suite 300, Columbia, SC 29201
 Telephone (803) 737-2260; Fax (803) 737-2297

APPLICATION FOR AGENT PERMIT

INSTRUCTIONS: This application is to be completed by all sales representatives and must be accompanied by a \$30.00 application fee, made payable to the South Carolina Commission on Higher Education. This fee is non-refundable. **Do not send cash.** Avoid unnecessary delay by furnishing complete and accurate information. No permit will be issued unless application is complete.

Full Name of Agent (<i>Please print legibly or type</i>) (First) (Middle) (Last)		Birth Date	New Application <input type="checkbox"/> Renewal Application <input type="checkbox"/>
Address of Agent (<i>Street, City, State, Zip</i>)		Telephone	
Name of School Employing Agent			
Address of School (<i>Street, City, State, Zip</i>)		Telephone	
Name and Address of Last School Attended			
Applicant's History: Note that the record must be complete for the most recent <u>five</u> years of activity, including jobs held, name and address of each school attended, and military service. Use additional sheet if necessary.			
From	To	Employer and Address	Reason for Leaving
Position			
From	To	Employer and Address	Reason for Leaving
Position			
From	To	Employer and Address	Reason for Leaving
Position			
From	To	Employer and Address	Reason for Leaving
Position			
From	To	Employer and Address	Reason for Leaving
Position			

(continued on back)

List three persons who may be contacted concerning your reputation and character:

1.	_____	_____	_____
	Name	Address	Telephone
2.	_____	_____	_____
	Name	Address	Telephone
3.	_____	_____	_____
	Name	Address	Telephone

Have you ever been dismissed or terminated for cause from any position? Yes No
(If yes, explain and include date)

Have you ever pleaded guilty to or been convicted of a felony or a crime of moral turpitude? Yes No
(If yes, explain and include date)

Have you ever been refused an agent's permit or had one revoked or suspended? Yes No
(If yes, explain and include date)

Agent Certification

I certify that the information provided herein is true, complete and correct to the best of my knowledge and belief. I am familiar with the provisions of the regulations and the Nonpublic Postsecondary Institution License Act. I authorize the release to the Commission any information pertinent to the proper evaluation of my application for an agent's permit.

Signature of Agent Date

School Certification

I certify that _____, who makes this application, will be in my employ after certification by the South Carolina Commission on Higher Education, and I recognize that the institution shall be responsible and liable for the acts of its agents, acting within the scope of his/her authority.

I further certify that I have familiarized the agent with the provisions of the regulations and the Nonpublic Postsecondary Institution License Act. A signed statement that the agent is familiar with provisions of the regulations is maintained by the institution. The employment agreement with the agent will be suspended at such time as his conduct may violate the rules and regulations under which the permit has been issued.

Signature of School Official

Name and Title of School Official (print or type) Date