

South Carolina Commission on Higher Education

Academic Affairs, Postsecondary Institution Licensing 1122 Lady Street, Suite 400, Columbia, SC 29201 Telephone (803) 737-2260 Web site: www.che.sc.gov

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 (check or money order) *per location* to which the agent recruits, 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.

Agent first name	Agent middle name	Agent last name
Agent address (street, city, state, zip)		
Agent telephone (home)	Agent telephone (work)	Agent telephone (cell)
Agent email	Agent date of birth	•

Name of School Employing Agent	
Address(es) of School (Street, City, State, Zip) You may list multiple l	ocations or provide in an attachment.
School official name	Contact email

Applicant's History: Complete for most recent five years including employment, education, and military service.				
Employer/school/military name		Position		
From (date):	To (date):	Reason for leaving		
Employer/school/military name		Position		
From (date):	To (date):	Reason for leaving		
Employer/school/military name		Position		
From (date):	To (date):	Reason for leaving		

List three persons who may be contact	ted concerning your reputation and	character:
1.		
Name	Address	Telephone
2		
Name	Address	Telephone
3Name	Address	Telephone
Have you ever been dismissed or term	inated for cause from any position	? Yes No (If yes, explain and include date)
Have you ever pleaded guilty to or bee	en 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	s permit or had one revoked or susp	bended? Yes No (If yes, explain and include date)
familiar with the provisions of the regu	ulations and the Nonpublic Postsec	ct to the best of my knowledge and belief. I am condary Institution License Act. I authorize the ation of my application for an agent's permit.
Signature of Agent		Date
School Certification		
I certify that the institution will emplo by the South Carolina Commission on agents acting within the scope of his/h	by Higher Education. The institution her authority.	, agent/applicant, permitting shall be responsible and liable for the acts of its
Institution License Act. The institutio	on retains a statement signed by the eement with the agent will be suspe	he regulations and the Nonpublic Postsecondary agent that he or she is familiar with provisions of ended at such time as his or her conduct may
		Date
Signature of School Official		
Name and Title of School Official (pro	int or type)	