



SOUTH CAROLINA DEPARTMENT OF INSURANCE

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony, misdemeanor, or any crimes involving moral turpitude, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department's Special Licensing Division at wseawright@doi.sc.gov, or by phone at (803) 737-6134.

Name: First _____ Middle _____ Last _____ SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ DOB: ____/____/____ Email: _____

County where convicted: _____ Court where convicted: _____
(Example: Richland County) (Example: US District Court, District of SC or State Court)

Date crime committed: _____ Date of conviction: _____

Exact crime you were convicted of: _____

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) _____

Sentence or action imposed by the court: (Example: six months in Richland County Jail) _____

For renewals, did this conviction occur since your license was last issued: Yes No

Are you currently on probation? Yes No Are you currently on parole? Yes No

If so, list your Reporting Officer's name: _____ Phone number: _____

Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____ Date: _____