



Jasper County Legislative Delegation Office

Mary Gordon Ellis Executive Building Highway 278
Ridgeland, South Carolina 29936
P.O. Box 2433 Ridgeland, South Carolina 29936
Phone: (843)726-6019 Fax: (843)726-5068 Cell: (843)816-8027
jcdelegation@jaspercountysc.gov

Senator Tom Davis

District No. 46

Chairman

Rep. Bill Bowers

District N. 122

Vice Chairman

Rep. Bill Herbkersman

District No. 118

Senator Clementa C. Pinckney

District No. 45

deceased friend and colleague

Rep. Weston Newton

District No. 120

The Honorable Nikki Haley
Governor, South Carolina
Post Office Box 12267
Columbia, SC 29211

August 19, 2015

Dear Governor Haley;

The Jasper County Legislative Delegation has enclosed recommendations and application for your consideration for an appointment **Henry Etheridge and John Carroll and the reappointment of Troy Lowther to the Jasper County Board of Disabilities and Special Needs** the Jasper Delegation weighted voting is indicated in the minutes of the August 13, 2015 meeting.

Should you need additional information please contact the Jasper County Delegation Officer, Helen M. Dills-Pittman at the above contact information.

Thank you for your kind attention to this matter.

Sincerely,

Helen M. Dills-Pittman
Jasper County Delegation Officer

Enclosures
e-mailed to Katie Philpott



Jasper County Legislative Delegation Office

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Rep Bill Herbkersman
District No. 118
Delegation Chairman
Rep. Bill Bowers
District No. 122
Vice Chairman

Sen. Tom Davis
District No. 46
Sen. Clementa C. Pinckney
District No. 45
Rep. Weston Newton
District No. 120

RESOLUTION OF THE JASPER COUNTY DELEGATION

BE IT RESOVLED by the Jasper County Legislative Delegation that the Delegation has meet in joint session for the purpose of selecting candidates (**Troy Lowther**), to be recommended by the Delegation for **reappointment** and new appointment (**Henry Etheridge and John Carroll**) to the Jasper County Disabilities and Special Needs as set forth in the minutes for the Delegation meeting held August 13, 2015.

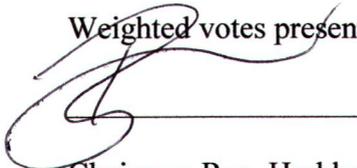
BE IT RESOLVED that, if at any time during the course of the balloting, a candidate receives sufficient votes to be selected, he/she shall be so considered as selected in accordance with the Rule of the Joint Delegation. Pursuant to **Section 25-11-40**

APPROVED:



Rep. Bill Herbkersman, Chairman
Jasper County Delegation

Weighted votes present



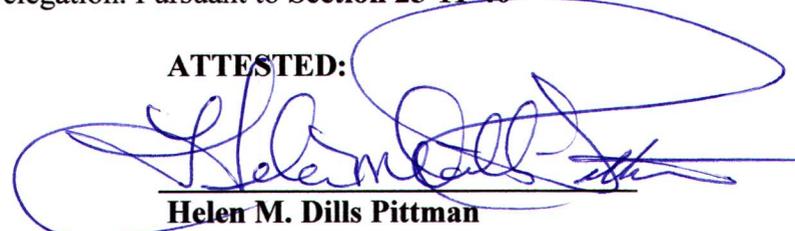
Chairman Rep. Herbkersman 7,033 **14.19%**
HD 118

Sen. Pinckney 21,856 **44.11%**
SD 45

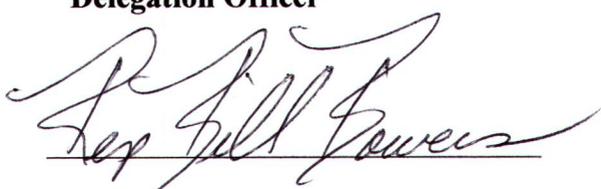


Rep Weston Newton 2,338 **4.72%**

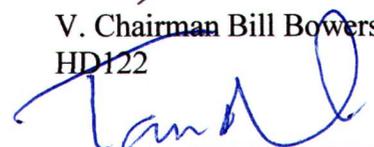
ATTESTED:



Helen M. Dills Pittman
Delegation Officer



V. Chairman Bill Bowers 15,406 **31.09%**
HD122



Sen. Tom Davis 2,921 **5.89%**
SD 46



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr. Mr./Mrs./Ms. Etheridge HENRY C.
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Jasper Co. BOARD of Disabilities & Special Needs

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 6

10592 GRAYS Hwy. Ridgeland, S.C. 29936 Jasper Co.

4] Home Telephone: 843-726-4903 5] Office Telephone: 843-717-7696 6] Fax: _____

7] Mobile Telephone: 843-226-0899 8] Email Address: HENRY AND ELLEN@yahoo.com

9] Drivers License # 001265657 10] Social Security #: 249-60-3831

11] Voter Registration # 275057270574263 12] Date of Birth: 03-23-43

13] Race: CAUCASIAN 14] Sex: Male / Female

15] Level of Educational Background Completed:

- Some High School _____
- High School graduate or equivalence (G.E.D.) _____
- Some College _____
- College graduate _____
- Professional degree (please specify) _____

16] Present Employer JASPER County Council

Address PO Box 1149 Ridgeland, S.C. 29936

Current Position COUNCIL

17] Years of residence in South Carolina: 72

18] Have you ever been arrested for a crime other than a minor traffic violation? NO If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? YES If not, give details.*

- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? NO If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? NO If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO
If so, give details.*
- 24] Have you ever served in the military? yes
Were you honorably discharged? yes If not, give details.*
- 25] Have you ever been terminated from employment for cause? NO If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? yes If so, list.* County Council
- 30] Are you a registered lobbyist in the State of South Carolina? NO
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? yes If so, give details.* Jasper Co Council
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? NO If so, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? NO If yes, give details.*
- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local

public agency in South Carolina? NO If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] Are you currently a Foster Parent with an active foster care license? NO

39] Do you currently serve as a volunteer Guardian ad Litem? NO

40] I, Henry Etheridge, agree that, if I am appointed to the Jasper Co. Board of Disab. I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

[Signature]
Applicant's Signature

Sworn and subscribed before me this 13 day of July, 2021
[Signature]
Notary Public for South Carolina



My commission expires June 3, 2021

**South Carolina Department of Social Services
 CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Foster Care Review Board

Mail Results To: _____

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: Henry C. Etheridge DOB: 3/23/43 Sex: M Race: CAUCASIAN
 Maiden/Former Name: _____ Name Change: _____
 Place of Birth: Johns Island, S.C. SSN: 249-60-3831
 Current Address: 10592 Grays Hwy. Previous Address: _____
Ridgeland, S.C. 29936

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

 Signature of Applicant 4-13-15
Date

 Signature of Notary or Witness _____
Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
 (This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee _____
Date



Office of the Governor
State of South Carolina

Received
2-24-15

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Carroll John Meerer
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Jasper County Board of Disabilities and Special Needs

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 06

P.O. Box 533 Hardeeville, S.C. 29927
Jasper County

4] Home Telephone: 843-784-3255 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: 843-247-0550 8] Email Address: hvillepops@gmail.com

9] Drivers License # 2548350 10] Social Security #: 247-86-6656

11] Voter Registration # 2 462 124 12] Date of Birth: June 23, 1956

13] Race: W 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____
High School graduate or equivalence (G.E.D.) _____
Some College _____
College graduate Masters
Professional degree (please specify) _____

16] Present Employer Retired

Address _____

Current Position _____

17] Years of residence in South Carolina: 52 yrs.

18] Have you ever been arrested for a crime other than a minor traffic violation? No If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.*

- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? No If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? No If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? No
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No
If so, give details.*
- 24] Have you ever served in the military? No
Were you honorably discharged? _____ If not, give details.*
- 25] Have you ever been terminated from employment for cause? No If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? No If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? No If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? No If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? Yes If so, list.*
Jasper County Community Relations Council
- 30] Are you a registered lobbyist in the State of South Carolina? No
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? No If so, give details.*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? No If so, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? No If yes, give details.*
- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local

public agency in South Carolina? No If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? No If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] Are you currently a Foster Parent with an active foster care license? No

39] Do you currently serve as a volunteer Guardian ad Litem? No

40] I, John M. Carroll, agree that, if I am appointed to the Board of Disabilities a Special Needs, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

John M. Carroll
Applicant's Signature

Sworn and subscribed before me this 12th day of Jan 2015 and 15

Nancy Grullen
Notary Public for South Carolina

My commission expires 12/20/2015



**South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Foster Care Review Board

Mail Results To: _____

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: John Moorer Carroll DOB: 6/23/1956 Sex: M Race: W
 Maiden/Former Name: _____ Name Change: _____
 Place of Birth: Jasper Co. S. C. SSN: 247-86-6656
 Current Address: P.O. Box 533 Previous Address: _____
Hardeeville, S. C. 29927

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

John M. Carroll
 Signature of Applicant 1/12/15
 _____ Date

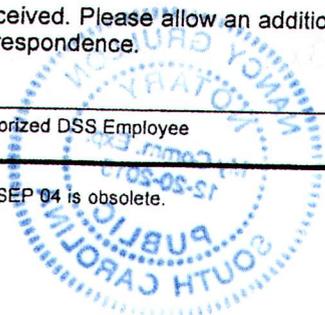
Nancy Miller
 Signature of Notary or Witness 1/12/15
 _____ Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee _____
 _____ Date





Office of the Governor
State of South Carolina

Received
4-20-15

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Lowther Troy Mitchell
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Jasper County Board of Disabilities

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 6th

PO Box 1744
Ridgeland SC 29936

4] Home Telephone: 843 726 6460 5] Office Telephone: 843 717 7295 6] Fax: 843 717 2406

7] Mobile Telephone: 843 726 1284 8] Email Address: Lowther@gmail.com

9] Drivers License # 008567132 10] Social Security #: 247 045818

11] Voter Registration # 272462365 12] Date of Birth: 02/16/1967

13] Race: W

14] Sex: Male / Female

15] Level of Educational Background Completed:

- Some High School _____
- High School graduate or equivalence (G.E.D.) _____
- Some College _____
- College graduate _____
- Professional degree (please specify) _____

16] Present Employer Raul & Lowther CPAs

Address PO Box 1522 Ridgeland SC 29936

Current Position Partner

17] Years of residence in South Carolina: 48

18] Have you ever been arrested for a crime other than a minor traffic violation? NO If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.*

- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? NO If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? NO If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO
If so, give details.*
- 24] Have you ever served in the military? NO
Were you honorably discharged? _____ If not, give details.*
- 25] Have you ever been terminated from employment for cause? NO If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? Yes If so, list.* Jasper County Board of Dis
- 30] Are you a registered lobbyist in the State of South Carolina? NO
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? NO If so, give details.*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? Yes If so, give details.* Town of Ridgeland
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? NO If yes, give details.*
- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Foster Care Review Board

Mail Results To: _____

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: Troy Mitchell Louther DOB: 2/16/1967 Sex: M Race: W
Maiden/Former Name: _____ Name Change: _____
Place of Birth: Charleston SSN: 247-04-5818
Current Address: PO Box 1744 Previous Address: _____
Ridgeland SC 29936

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
Telephone (803) 898-7318.

[Signature] Signature of Applicant 4/15/15 Date
[Signature] Signature of Notary or Witness 4/15/15 Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

Authorized DSS Employee Date

public agency in South Carolina? NO If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] Are you currently a Foster Parent with an active foster care license? NO

39] Do you currently serve as a volunteer Guardian ad Litem? NO

40] I, Troy M Lowther, agree that, if I am appointed to the Jasper County Board of Disabilities I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.



Applicant's Signature

Sworn and subscribed before me this 15th day of April, Two Thousand and Fifteen.



Notary Public for South Carolina

My commission expires 5/24/16