



South Carolina
Department of Labor, Licensing and Regulation



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Henry D. McMaster
Governor

Division of Professional And
Occupational Licensing

Emily H. Farr
Director

MILITARY SPOUSE EXPEDITED LICENSURE FORM

1. My legal name as it appears on my existing occupational or professional license, certification or registration is:

Last,	First	Middle/Maiden
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2. I am currently married to _____, who is a member of the United States Armed Forces and is or will be on active duty in South Carolina as follows:

Branch of service and duty station _____.

Duty began or will begin in South Carolina on: ____/____/____

3. I have an active registration, license, certification or other authorization to practice in good standing in the following state(s), District of Columbia, or territory or possession of the United States of America:

occupation/license type	license number:	issuing jurisdiction:	valid through:
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

4. I acknowledge that I must also complete the appropriate application form, meet the requirements for licensure in South Carolina for the applicable occupation, and that I must provide accurate copies of Department of Defense dependent ID (or other proof of marriage), and a copy of the permanent change of station military orders showing my spouse is assigned to active duty in South Carolina.

Signature