



South Carolina Department of Labor, Licensing and Regulation

Office of Immigrant Worker Compliance

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-2606 • immigrantinfo@llr.sc.gov

<http://llronline.com/Immigration/>



Immigration Assistance Services Application for Licensure

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

E-mail _____

Business name _____

Business address _____

City _____

State _____

Zip _____

Telephone _____

I have read the South Carolina Illegal Immigration Reform Act, Chapter 83, "Registration of Immigration Assistance Services Act". This is to certify that I am in compliance with the provisions of the law. I understand that violations of the chapter may result in a civil penalty and the revocation of my license to provide Immigration Assistance Services. I have attached the biennial licensure fee of \$100 to this application as required by law.

Signature

Print Name

Date

Mail form to:

Office of Immigrant Worker Compliance
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-2606