South Carolina Department of Labor, Licensing and Regulation
South Carolina Building Code Council
P.O. Box 11329 • Columbia, SC 29211-1329
Phone: 803-896-4688 • Fax: 803-896-4814
www.llr.state.sc.us/POL/BCC

ACTIVE CODE ENFORCEMENT OFFICER
REGISTRATION RENEWAL FOR PERIOD OF: JULY 1, 2015 – JUNE 30, 2017

INSTRUCTIONS:

1. Attach a copy of all new ICC examination certificates not previously submitted/dated between 6/1/2013 – 6/1/2015.
2. Print any corrections to your personal data and fill in any missing information.
3. Sign this form in both places.
4. Your manager must print and sign his/her name. (Any unsigned forms will be returned to you.)
5. **Return this completed original form along with a separate check for $50.00. A returned check fee of up to $30, or an amount specified by law, may be accessed on all returned funds.**

Name: _____

Mailing Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

REGISTRATION NUMBER: _____ CLASSIFICATION: _____

JURISDICTION: _____

OFFICE PHONE: _____ OFFICE FAX: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____
Street

_____
City State Zip

---

1. Since the issuance of your last registration, have you, within the past two (2) years been found guilty, plead guilty or entered a plea of nolo contendere to a felony or any other crime or morale turptitude in any court of competent jurisdiction in this state or in any other state? ☐ Yes ☐ No

2. Has there been any change in the status of your lawful presence in the United States since initial licensure? (ie- naturalization; received a renewed permanent resident card) ☐ Yes ☐ No

3. Supervised By: _____ _____
Print Name BCC Registration #

CONTINUING EDUCATION: Twenty-four (24) CEU's are required by law. I attest that I have completed _____ hours of approved continuing education based on my date of hire. Please submit your continuing education forms to the building codes department upon renewal. **Please submit your Continuing Education forms along with this renewal by:**

Mail – ***Attn: Teresa Martin, PO Box 11329, Columbia SC 29211-1329***
Email – ***Teresa.martin@llr.sc.gov***
Fax: ***803-896-4814***

Privacy Act Disclosure

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

Attestation and Signature

I _____, (PRINT YOUR NAME) attest that all information on this form and any attached sheets are true and correct to the best of my knowledge. Further, I understand that information contained on this renewal form and any attached sheets may be subject to public scrutiny or release under the South Carolina Freedom of Information Act or other provisions of federal and state law.

Signature of Officer	Job Title	Date
Signature of Supervisor	Print Name of Supervisor	Date