South Carolina Department of Labor, Licensing and Regulation
South Carolina Manufactured Housing Board
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4682 • contactllr@llr.sc.gov • Fax: 803-896-4814
www.llronline.com/POL/ManufacturedHousing/

Apprentice Salesperson Application

This application is only for individuals who have **NEVER** held a South Carolina Manufactured Housing Board License. The Apprentice Salesperson License shall not exceed 120 days from the date of issuance. At the end of the 120 days you must have a permanent license or the dealer must terminate your employment. A license card will **not** be issued by the South Carolina Manufactured Housing Board. Please visit our website at https://verify.llronline.com and follow the login instructions to printout the pocket card.

Include with Application:

- Certified Check or Money Order for the applicable fee of $50.00 made payable to **SCMHB**.
  A returned check fee of up to $30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your driver's license, State Issued ID or Passport.
- Copy of social security card.
- SLED (South Carolina Law Enforcement Division) background check. Contact SLED at 803.737.9000.
- Statewide Criminal Background check(s) from every state in which you have resided for the past seven (7) years.

Note for SC Residents: To find your Congressional District you may go to: http://www.scstatehouse.gov/legislatorssearch.php

APPLICANT INFORMATION:

Last Name:_____First:_____Middle:_____Suffix:_____

Have you ever legally changed your name? ☐ Yes ☐ No Maiden Name:_____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____City:_____State:_____Zip:_____District:_____
Congressional District (SC Residents Only)

Mailing Address: _____City:_____State:____Zip:_____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Gender: ☐ Female ☐ Male
(for statistical purposes only)

PRINCIPAL DEALER/EMPLOYER INFORMATION:

Business Name: _____ Dealer License Number: _____

Mailing Address: _____City:_____State:____Zip:_____

Physical Address: _____City:_____State:____Zip:_____

Phone: _____ Email Address: _____

PRIOR EMPLOYMENT:

List the past seven (7) years employment history. You are required to list the termination date and reason for leaving. You may attach an additional sheet if needed.

EMPLOYER NAME	OFFICE ADDRESS	REASON FOR LEAVING	FROM - TO Month / Yr	POSITION TITLE

RECORD OF LICENSURE:

List **any** and **all** licenses, certification or registration you currently or have possessed by another regulatory agency in or outside of SC (Include prior licensure with the Manufactured Housing Board).

STATE	TYPE OF LICENSE	DATE OF LICENSURE	LICENSE NO.	EXPIRATION DATE	STATUS OF LICENSE (Active, Lapsed, Suspended, etc.)

PERSONAL HISTORY:

1. Have you within the past seven (7) years been found guilty, pleaded guilty or entered a plea of nolo contendere in this or any other state for forgery, fraud, embezzlement, obtaining money under false pretenses, extortion, conspiracy to defraud, bribery, any crime of moral turpitude, or been convicted of a felony or of a violent crime as defined in S.C. Code Section 16-1-60? Yes ☐ No ☐

2. Have you had any professional or occupational license canceled, revoked, suspended or otherwise disciplined or any such disciplinary now pending? Yes ☐ No ☐

If yes, explain: _____

_____

_____

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.

Certification:

I, _____, am the person described and identified, of good moral character, and the person named in all documents in support of this application. I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

_____ _____

Signature of Applicant **Date**

Sworn and Subscribed before me this_____day of_____, 20_____.

_____

NOTARY SIGNATURE

Print Notary Name: _____

Notary for the State of: _____

My Commission Expires: _____

Note: Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period you must begin the application process from the beginning. This includes, but is not limited to the application form and fee.

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of_____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other:_____Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number:_____ I-94 Number: _____

(**If you checked number 2, 3, or 4 you must attach a copy of your immigration documents**. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

_____
Signature of Affiant

SWORN to before me this_____day of_____, 20_____

_____
Notary Signature

_____
Print Name

Notary Public for _____

My Commission Expires: _____

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INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:
If you are a United States Citizen by birth or naturalization

CHECK box 2:
If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:
If you are a Qualified Alien. You are a Qualified Alien if you are:
An alien who is lawfully admitted for residence under the INA.
An alien who is granted asylum under Section 208 of the INA.
A refugee who is admitted to the United States under Section 207 of the INA.
An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).
An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.
An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:
Unexpired Reentry Permit (I-327)
Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)
Unexpired Refugee Travel Document (I-571)
Unexpired Employment Authorization Card Which Contains a Photograph (I-766)
Machine Readable Immigrant Visa (with Temporary I-551 Language)
Temporary I-551 Stamp (on passport or I-94)
I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)
DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)