South Carolina Department of Labor, Licensing and Regulation

Residential Builders Commission

110 Centerview Drive • PO Box 11329 • Columbia, SC, 29211-1329

Phone: 803-896-4696 • Fax: 803-896-4814

www.llronline.com/POL/Residentialbuilders/

Residential Specialty Registration Application

Please fill out application in its entirety. Incomplete applications will result in a deficiency letter being mailed to you and a delay in processing your application.

A credit check will be run on all applicants and a public index search may be completed.

License		
Public Index		
Credit Report		
Action		
Approval		

Include with Application:

- ❑ Certified Check or Money Order for the registration fee made payable to **SCRBC**. **ALL FEES ARE NON-REFUNDABLE** A returned check fee of up to $30, or an amount specified by law, may be accessed on all returned funds.
  *** Licenses expire on June 30th of every odd numbered year ***
  - $100 if the registration application is received on or between July 1, odd numbered year to June 30, even numbered year.
  - $50 if the registration application is received on or between July 1, even numbered year to June 30, odd numbered year.
- ❑ Copy of your driver's license, state issued ID, passport or military ID.
- ❑ Copy of social security card.
- ❑ Completed and notarized **Verification of Lawful Presence Form**
- ❑ Include written explanation(s) for any "Yes" answer(s) for questions in the "**General Information**" section of the application and include any supporting documentation.
- ❑ If you answer "Yes" to any question(s) pertaining to an arrest and/or conviction, you must remit an official StatewideBackground Check from the state where the incident occurred in a sealed envelope from the state agency along withyour written explanation. The report must be pulled using your full name, date of birth and social security number.
- ❑ Three (3) letters of reference from individuals other than family members are required. Reference letters:
  - Should demonstrate that the applicant has good character, skills and knowledge.
  - Should contain detailed descriptions of work performed by the individual applicant (Not their company) that is related to the trade classification(s) being applied for.
  - Should not be a format (generic) letter. These will not be accepted.

Check the three (3) classifications below you want to be registered for:

☐ Vinyl/Aluminum Siding	☐ Insulation Installer	☐ Roofing
☐ Floor Covering	☐ Masonry	☐ Drywall Installer
☐ Carpenter	☐ Stucco Installer	☐ Painter/Wall Paper

Applicant: _____ Maiden: _____

D/B/A Name: _____
(If incorporated include a photocopy of Certificate of Existence/Authorization from the SC Secretary of State)

Home Address: _____ District: _____
(Street, City, State, Zip Code) Congressional District (SC Residents Only)

Mailing Address: _____
(If different than above, fill in complete address.)

County: _____ Date of Birth_____ Social Security # _____

Email address: _____ Telephone: (____) _____

B. FINANCIAL INFORMATION

You must furnish an original surety bond when the cost of an undertaking performed by a residential specialty contractor for an individual property owner exceeds five thousand dollares ($5,000).

The SURETY BOND must be the original document signed by the applicant, in the amount of $5,000, with the power of attorney attached and the individual's name listed as principal. (Cannot be a company or business name) Hand written bonds will not be accepted.

You may access a list of companies that have written bonds on the Board website.
Your insurance company should go to the website to access the Surety Bond to complete and send in.
www.llronline.com/POL/Residentialbuilders/ under Applications and Forms

C. BUSINESS INFORMATION

Type of Business Entity: (Check type)

Sole Proprietorship: _____ Partnership _____ Corporation _____ Other (Specify): _____
Federal ID Number: _____

List names of principal owners/executive officers, title, percent ownership, date of birth, address and telephone. Please attach a separate sheet if necessary.

Name: _____ Title: _____ % Ownership: _____
Date of Birth: _____ Telephone: (_____) _____
Mailing Address: _____

Name: _____ Title: _____ % Ownership: _____
Date of Birth: _____ Telephone: (_____) _____
Mailing Address: _____

D. GENERAL INFORMATION (To be answered by the applicant)

Any question answered YES must be fully explained on a separate sheet, include supporting documentation. If you answer "Yes" to any question(s) pertaining to an arrest and/or conviction, you must remit a Statewide Background Check from the state where the incident occurred along with your written explanation.

1. Have you ever been denied a license to practice in the trade classifications being applied for or any similar occupational or professional license? **Yes** **No**

2. Have you ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted, or disciplined by any federal, state or local authority or contracted without a proper license? If yes, attach a written explanation and give current disposition. **Yes** **No**

3. Is any investigation or disciplinary action currently pending against you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder? If yes, attach a written explanation and give current disposition. **Yes** **No**

4. Have you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder ever been issued a Cease and Desist Order for unauthorized practice during the time you were associated with the organization? If yes, attach a written explanation and current disposition. **Yes** **No**

5. Have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? ☐ **Yes** ☐ **No**
(In addition to the written explanation, submit an official statewide criminal background check from the state in which the incident(s) occurred.)

6. Are you currently licensed in the building trade in any other state? ☐ **Yes** ☐ **No**
   a. If yes; what states: _____

7. Have there been any judgments, liens or claims filed against you or any business entities you have been associated with in the past 5 years? (If yes, submit official documentation) ☐ **Yes** ☐ **No**

8. Are you currently delinquent with child support obligations? ☐ **Yes** ☐ **No** ☐ **N/A**

E. WORK EXPERIENCE

Please submit 3 written letters of reference outlining your work experience in the trades you have checked below. (Personal, Supplier, or Other) Reference should include their contact information and they need to sign the letter.

Check below the classification(s) in which you wish to become registered and indicate in the space provided the number of years of experience you have acquired in each classification.

VINYL/ALUMINUM SIDING _____ YEARS the installation, alteration and repair of vinyl and aluminum siding common to the residential building industry:

INSULATION INSTALLER _____ YEARS the installation, alteration and repair of insulating materials for the purpose of temperature or sound control, excluding any exterior roofing materials such as foam and reflective coating common to the residential building industry

ROOFING _____ YEARS the installation, alteration and repair of materials common to the residential building industry that form a water tight, weather resistant surface for roofs and decks, including all accessories, flashing, valleys, gravel stops and roof insulation panels above the roof deck:

FLOOR COVERING _____ YEARS the installation, replacement and repair of floor covering materials and related accessories including preparation of the surface to be covered: included are materials manufactured of asphalt, vinyl, rubber, linoleum, and carpet.

MASONRY _____ YEARS the installation, alteration and repair of poured-in-place concrete foundations (e.g. footings or reinforced slabs), brick, concrete block, and products common to the masonry industry, including mortarless types and synthetic masonry products common to the residential building industry:

DRYWALL HANGER _____ YEARS the installation, alteration and repair of plaster, gypsum wall board, pointing, accessories, taping and texturing on structures both interior and exterior common to the residential building industry:

CARPENTER _____ YEARS the installation, alteration and repair of rough and general carpentry work on new and existing structures including accessories and related hardware common to the residential building industry:

STUCCO INSTALLER _____ YEARS the installation, alteration and repair of stucco finishes, including Exterior Insulation and Finish Systems (EIFS), which is defined as multi-layered exterior wall systems consisting of a durable water proof finish coat, a reinforced base coat, and insulation board, all secured to plywood or other substance by means of an adhesive and/or mechanical attachment.

Continued…

PAINTER/WALL PAPER _____ YEARS the application of materials common to the painting and decorating industry for protective or decorative purposes, includes surface preparation, caulking, sanding and cleaning preparatory to painting common to the residential building industry: and the installation, alteration and repair of surface coverings such as vinyls, wallpapers, and cloth fabrics, decorative texturing, taping and finishing of drywall in conjunction with surface painting only common to the residential building industry.

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.

F. SIGNATURES

I certify that all statements contained herein are true and correct to the best of my knowledge. **I understand that I am authorized to do business only in the trades I have requested above and I am not authorized to use sub-contractors.** I further understand that the information provided or in connection with this application may be investigated and verified, and 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 **Title** **Date**

Sworn and Subscribed before me this _____ day of _____, 20_____.

_____

NOTARY SIGNATURE

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)