



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Architectural Examiners

110 Centerview Dr. • Columbia • SC • 29210 (overnight)
P.O. Box 11419 • Columbia • SC 29211-1329 (mailing)
Phone: 803-896-4408 • Contact.Arch@llr.sc.gov • Fax: 803-896-4424
www.llr.sc.gov/arch

Application to Reinstate Firms, Corporations, or Partnerships

Application Fee: \$100.00

Make checks payable to: LLR - Architectural Board

A \$30.00 service charge will be assessed for all checks dishonored by financial institutions.

S.C. CERTIFICATE OF AUTHORIZATION NO: _____

1. BUSINESS NAME AND PHYSICAL ADDRESS

Business Name: _____

Complete Physical Address: _____

Post Office Box: _____

Telephone No. _____ Fax No. _____

E-Mail: _____

Tax ID Number: _____

Application will not be processed without a Physical Address and a Tax ID No.

Preferred Mailing Address: _____ Physical _____ Post Office Box _____

2. ☐ Partnership ☐ Business Corporation ☐ Professional Corporation ☐ Firm/Sole Proprietorship ☐
Limited Liability Corporation (LLC) ☐ Limited Liability Partnership (LLP) ☐
Other _____

DATE CERTIFICATE OF AUTHORITY CERTIFIED BY SOUTH CAROLINA SECRETARY OF STATE: _____
(Attach copy of Approved Certificate of Authority in South Carolina for reinstatement Application.)

3. SERVICES OFFERED: _____

4. PRINCIPALS, PARTNERS, OFFICERS AND DIRECTORS OF APPLICANT:

NAME	TITLE	PROFESSION	Resident State Reg. No.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. ARCHITECT IN RESPONSIBLE CHARGE OF ARCHITECTURAL WORK IN S.C.:

NAME	TITLE	S.C. REG. NO.
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_____	_____	_____
_____	_____	_____

ADD SUPPLEMENTAL PAGES IF NECESSARY

6. Miscellaneous Information

Has any state taken disciplinary action against your firm's license? Yes ☐ No ☐

Has your firm surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? Yes ☐ No ☐

Has your firm been found by a court or registration board to have violated the architectural registration laws or the professional/occupational laws of any jurisdiction? (If yes, provide dates and details including results of any appeals, if not previously provided to this board.) Yes ☐ No ☐

Has your firm entered into any negotiated settlement with regard to professional or occupational registration laws? (If yes, provide dates and details including results of any appeals, if not previously provided to this board.) Yes ☐ No ☐

Has your firm provided architectural services in South Carolina during the period the license was lapsed? (if yes, please provide projects and dates services were provided and professional fees received) Yes ☐ No ☐

7. Affidavit

SIGNATURE OF ARCHITECT IN RESPONSIBLE
CHARGE OF ARCHITECTURAL WORK IN
SOUTH CAROLINA

(Print Name of Architect in Charge)

**APPLICATION WILL NOT BE ACCEPTED BY FAX
SIGNATURES MUST BE ORIGINALS**

Firm/Sole Proprietorship - Signature of Owner

Business Corporation and/or Limited Liability
Corporation-Signature of Chief Executive
Officer or person authorized by corporate
resolution to designate the responsible
Architect in charge

Professional Corporation/Association-Signature
of Chief Executive Officer or person authorized
by corporate resolution to
to designate the responsible Architect in
charge.

Partnership and/or Limited Liability Partnership
– Signature Of Managing Partner(s)

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.

ATTENTION CHECK WRITERS!!!

WE GLADLY ACCEPT YOUR CHECKS. WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US TO USE INFORMATION FROM THE CHECK TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT, OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION. YOU AUTHORIZE US TO COLLECT A FEE THROUGH ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT IF YOUR PAYMENT IS RETURNED UNPAID.