



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Building Codes Council**  
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[llr.sc.gov/bcc](http://llr.sc.gov/bcc)

**SPECIAL INSPECTOR REGISTRATION  
 EXPERIENCE AFFIDAVIT**

This is a fillable form. Please download and save before completing.

This form is for Special Inspector applicants qualifying for registration as an Engineer-in-Training, to be completed by the supervising South Carolina Registered Professional Engineer, and may be submitted separately to the Building Codes Council by the supervisor at [contact.bcc@llr.sc.gov](mailto:contact.bcc@llr.sc.gov), or incorporated with the appropriate registration application submitted online or by mail.

Applicant Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am a registered South Carolina Professional Engineer,  
(Professional Engineer name)  
 registration number \_\_\_\_\_, and that I have supervised \_\_\_\_\_ in the  
(Applicant name)  
 following practice area(s) for at least one year.

Using the list below, indicate only the practice areas in which you have supervised the above-named applicant.

- |  |                                  |
|--|----------------------------------|
| Deep Foundations                       | Reinforced Concrete              |
| Earth Work                             | Retention Basins                 |
| Exterior Insulation and Finish Systems | Seismic Resistance               |
| High-strength Bolting                  | Smoke Control                    |
| Modular Retaining Walls                | Sprayed Fire-resistant Materials |
| Non-destructive Testing                | Steel Frame                      |
| Post-tension Cables                    | Structural Masonry               |
| Pre-cast Fabrication                   | Welding                          |

Please use the space below to note any additional relevant experience, if applicable:

Professional Engineer Printed Name: \_\_\_\_\_

Professional Engineer Signature: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

Notary for the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_