



South Carolina Department of Labor, Licensing and Regulation
South Carolina Building Codes Council
110 Centerview Dr • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC • 29211-1329
Phone: 803-896-4688 • contact.bcc@llr.sc.gov • Fax: 803-704-6772
llr.sc.gov/bcc

SPECIAL INSPECTOR REGISTRATION APPLICATION INSTRUCTIONS

Before completing the application for registration as a special inspector, please be aware that, per Section 6-8-40(a), "an architect licensed by the Board of Architectural Examiners of this State or an engineer registered by the Board of Professional Engineers and Land Surveyors of this State may practice as a special inspector without additional registration required by this chapter."

Application Fee

A \$50.00 application fee is due at the time of application in the form of a check or money order (no cash), made payable to the SC Building Codes Council. A returned check fee of up to \$30.00, or an amount specified by law, may be assessed on all returned funds.

Registration Classifications

Each applicant for registration as a special inspector must indicate on the application which classification(s) they will practice. Qualifications for registration can be found on the Council's [website](#)

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

Qualification for Registration

There are two methods an applicant may qualify for registration:

1. Proof of examination or certification as required by the [Special Inspector Manual](#) for the registration classification(s) for which the applicant is applying; or,
2. Registration as an engineer-in-training:
 - a. Provide verification of an engineer-in-training (EIT) certification from a state where issued affirming that the applicant has passed the NCEES Fundamentals of Engineering examination and met education requirements; and
 - b. Provide a completed [Special Inspector Experience Affidavit](#) from the supervising South Carolina licensed professional engineer ("PE"). The affidavit requires the PE to attest that the applicant has worked under their direct supervision for at least one (1) year in the classification(s) for which the application is being submitted.

All special inspection reports prepared by an EIT registered with the Council as a special inspector shall be reviewed, signed, and sealed by the South Carolina licensed professional engineer providing direct supervision of work performed by the EIT, per SC Regulation Section 8-135.

Application Requirements

Applicants must submit the Special Inspector Registration Application and prescribed fee with the following documentation:

- A copy of your valid driver's license, state-issued ID, passport, or military ID
- A copy of your Social Security card
- A completed and notarized **Verification of Lawful Presence Form** (attached)
- Copies of certificates or exam pass reports as required for the classifications for which the applicant is applying for registration. Qualifications for registration as a Special Inspector can be found on the Council's [website](#).
- A [Special Inspector Experience Affidavit](#), if applicable.

Continuing Education Requirements for Special Inspectors

- Registrants are required to complete a minimum of twenty-four (24) hours of approved continuing education per registration cycle, with the exception of new registrants. The number of required hours is prorated for new registrants based on the date of issuance for the registration, in accordance with S.C. Code of Regulations Section 8-150.
- Continuing education hours must be selected from the list of approved courses found on the Council's [website](#).
- Continuing education hours obtained in excess of the requirement cannot be carried over to a new registration cycle.
- Proof of continuing education will be by audit, and registrants should maintain copies of education certificates in the event that they are requested by the Council for verification of compliance.



SPECIAL INSPECTOR REGISTRATION APPLICATION

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

See the attached instruction pages for a list of items required to be submitted with the application.

Before completing the application for registration as a Special Inspector, please be aware that, per Section 6-8-40(a), "an architect licensed by the Board of Architectural Examiners of this State or an engineer registered by the Board of Professional Engineers and Land Surveyors of this State may practice as a special inspector without additional registration required by this chapter."

Method of Qualification: **Exam/Certification** **EIT Certification**

Select all classifications below for which you are applying for registration:

- | | |
|--|---|
| <input type="checkbox"/> Deep Foundations (DF) | <input type="checkbox"/> Reinforced Concrete (RC) |
| <input type="checkbox"/> Earth Work (EW) | <input type="checkbox"/> Retention Basins (RSB) |
| <input type="checkbox"/> Exterior Insulation & Finish Systems (EIFS) | <input type="checkbox"/> Seismic Resistance (SR) |
| <input type="checkbox"/> High Strength Bolting (HSB) | <input type="checkbox"/> Smoke Control (SC) |
| <input type="checkbox"/> Modular Retaining Walls (MRW) | <input type="checkbox"/> Sprayed Fire Resistive Material (FP) |
| <input type="checkbox"/> Non-Destructive Testing (NDT) | <input type="checkbox"/> Steel Frame (SF) |
| <input type="checkbox"/> Post-Tension Cables (PTC) | <input type="checkbox"/> Structural Masonry (SM) |
| <input type="checkbox"/> Pre-Cast Fabrication (PCF) | <input type="checkbox"/> Welding (SW) |

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Date of Birth: _____ Social Security No.: _____

Email: _____ Phone: _____

EMPLOYER INFORMATION

Employer: _____

Address: _____
(Street, City, State & Zip)

Phone: _____

PERSONAL HISTORY QUESTIONS

A written explanation must be provided on the [Explanatory Statement of "Yes" Answer Form](#), including any supporting documentation.

1. Have you ever been convicted, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? Yes No

If yes, in addition to the [Explanatory Statement of Yes Answer form](#), a criminal background check must be provided from the state in which the conviction occurred, along with the court disposition and any other pertinent documentation. For South Carolina criminal background reports contact SLED at www.sled.sc.gov. Criminal background reports must not be older than thirty (30) days from the date of application.

2. Have you had a license to practice a regulated profession or occupation in this state or another state or jurisdiction canceled, revoked, suspended or otherwise disciplined, or surrendered a license in lieu of disciplinary action? Yes No

SIGNATURE AFFIDAVIT

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 Title Date

Sworn to and subscribed me this _____ day of _____, 20 ____ .

Notary Signature: _____

Print Notary Name: _____ {Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____

PRIVACY 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.



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: _____

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)