



South Carolina Department of Labor, Licensing and Regulation

South Carolina Contractor's Licensing Board

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llr.sc.gov/clb

**DUAL PRIMARY QUALIFYING PARTY
AFFIDAVIT OF ELIGIBILITY (DOC 173)**

I, _____, the undersigned, being duly sworn, affirm under oath that I hold a qualifying party certificate issued by the South Carolina Contractor's Licensing Board ("Board"), Certification #: _____, in the following classification(s): _____
_____. I affirm that I meet the legal requirements to serve as a dual primary qualifying party for the following licensees:

Licensee # 1

Legal Name/Company Name: _____

License # _____ % Ownership: _____

Business Address: _____ County: _____
Physical street address, City, State and Zip Code

I am an integral party to this licensee's business and am actively involved in management, supervision, and operations for the work undertaken by the licensee in my designated classifications, performing the following duties:

Describe Job Duties

Licensee # 2

Legal Name/Company Name: _____

License # _____ % Ownership: _____

Business Address: _____ County: _____
Physical street address, City, State and Zip Code

I am an integral party to this licensee's business and am actively involved in management, supervision, and operations for the work undertaken by the licensee in my designated classifications, performing the following duties:

Describe Job Duties

Initial each statement below:

_____ I affirm that I have read, understand, and meet all criteria necessary to serve as a primary qualifying party for the above listed licensee as set forth in S.C. Code Ann. § 40-11-230.

_____ I affirm that I am the principal individual responsible for directing or reviewing work performed by both licensees in my designated license classification(s).

_____ I further affirm that I am actively involved in management, supervision, and operations for the work undertaken by both licensees and am an integral party to the licensees’ business and the work undertaken by them.

_____ I affirm that I am involved in the operation of both entities on a daily basis and derive a livelihood from the operation of both entities.

_____ I understand that I may not take other employment that would conflict with my duties as a primary qualifying party or diminish my ability to adequately supervise the work performed by each licensee.

_____ In the event that my ownership or employment status with either licensee terminates or changes from what is designated above, I shall immediately provide written notice to the Board of such termination or change.

_____ I understand that attesting to false or incorrect information may result in disciplinary action against my certificate.

Primary Qualifying Party Name (Print): _____

Signature: _____ Title _____

SWORN to before me this _____ day of _____, 20__.

Notary Signature: _____

Print Name: _____ Seal

Notary Public for: _____

My Commission Expires: _____