



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Contractor's Licensing Board**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC • 29211  
Phone: 803-896-4686 • Contact: CLB@llr.sc.gov • Fax: 803-896-4814  
llr.sc.gov/clb

**BURGLAR and/or FIRE ALARM BUSINESS  
LICENSE REVISION APPLICATION and INSTRUCTIONS**

**Document 135**

Please read all of the information listed in each section in the application and on the instruction pages carefully before you complete each section in the application. Disregard any items that do not apply. The application must be typed or printed in ink. If you need a copy of the SC Alarm Code of Laws regulating alarm businesses, you may go to the above website and print the law from the Internet or call this office.

**1. To Change the Licensed Alarm Business Name and/or Address:**

- complete sections 1, 2, 5 and 7
- submit a Certificate of Insurance in the name of the new entity

**2. To Add a Qualifying Party or Transfer a Qualifying Party:**

- Complete Sections 1, 3, 5, 6 and 7;
- Submit the PSI passing score sheet for the burglar alarm examination and/or fire alarm examination;
- Submit the PSI passing score sheet of the SC Alarm Code of Laws examination.
  - Qualifying parties that are transferring their qualifications do not have to resubmit these exams. If it has been four (4) or more years since you were last licensed, you must retest and resubmit.
- Submit a criminal background report **with** the application for every state you've resided. This is required for all **qualifying parties**. Your application **will be returned** if you do not **submit the report(s)** with the application. Applicants in South Carolina may request a report by contacting The State Law Enforcement Division (SLED), Criminal Records, 4400 Broad River Road, Columbia, SC, 29210. Office hours are 8:30 am - 5:00 pm, Monday - Friday. Contact SLED at (803) 896-7165 for the cost of the report or via their web site at [www.sled.sc.gov](http://www.sled.sc.gov). Include in your request your full name, date of birth, Social Security number, and applicable fee, if required. Out-of-state applicants should contact their state law enforcement agency or utilize a nationally recognized company for a report; and,
- Submit a \$10 fee for each extra qualifying party that is being added.

**Exams:** Each qualifying party must pass a **technical** exam (burglar alarm exam and/or fire alarm exam) and the **SC Alarm Code of Laws** exam. All tests are administered through our testing service, Psychological Services, Inc. (PSI). For exam registration and testing information, call PSI at (800) 733-9267 or fax (818) 247-3853 or contact them via their web site [www.psiexams.com](http://www.psiexams.com). After completing the examination registration form, send the form to PSI to schedule the exams. Do not send the examination registration form to the Contractor's Board. Please notify PSI if you are eligible under the Americans with Disabilities Act (ADA) for special examination accommodations.

**Certification:** Each qualifying party must also have the following certification:

- Burglar Alarm contractors are required to be **NTS Level I** certified.
- Fire Alarm contractors are required to be **NTS Level I** certified or **NICET Level II** certified
- These certifications are in addition to the exams that must be taken through PSI..
- Burglar & Fire alarm: For NTS Level I information, contact the S.C. Alarm Association at (803) 252-0580 or the Electronic Security Association's National Training School at (888) 447-1689 or [www.esaweb.org](http://www.esaweb.org).
- Fire alarm: For NICET Level II information, contact the National Institute for Certification in Engineering Technologies at (888) 476-4238 or [www.nicet.org](http://www.nicet.org).

### **Primary Qualifying Party Requirements:**

When the primary qualifying party leaves employment, the entity may designate any of its extra qualifying parties as the primary qualifying party or have another full-time employee take the required examinations and submit this application to become the new primary qualifying party. When a qualifying party leaves employment, the entity and the qualifying party must notify this office within 15 days upon termination of employment; if there is no other qualifier remaining and the Department was properly notified, the licensee will have ninety days to obtain a new primary qualifying party and can continue to engage in the alarm business. If the Department is not notified, the alarm license will be canceled immediately. Disciplinary action may be taken by the Department against the licensed alarm entity and/or the primary qualifying party in accordance to law. Any qualifying party that is not listed with the Department as a primary or extra qualifying party for an alarm entity for four consecutive years must retake all required examinations.

### **3. To Delete a Qualifying Party:**

- complete sections 1 and 4.

### **4. To Register an Employee:**

- complete Document # 126; download from: <https://llr.sc.gov/clb/pub.aspx>.

A registered employee is any employee of the applicant, including the owner/president and qualifying party, who has access to a client's property or burglar alarm records or any other information pertaining to the system that could compromise the client's burglar system.

When a registered employee leaves employment of the licensed alarm business, the licensee and the registered employee must notify the department in writing within 30 days.

Failure to notify the department of the registration or termination of a registered employee within thirty days may result in disciplinary action.

### **5. The Most Common Reasons Applications are Returned:**

- The application was not signed and dated by the owner/partner/president or qualifying party(s), or properly notarized
- The applicant failed to complete all of the questions on the application
- License fees not included or is written for the wrong amount
- The applicant did not take and pass the technical exams or the SC Alarm Code of Laws exam
- The required criminal background reports for the qualifying party(s) was not enclosed
- Official correspondence giving the current disposition of items on a criminal background report were not submitted

### **6. Application Process:**

Processing time is 10 business days. Applications are processed in the order in which they are received. No exceptions will be made. Contacting the office prior to this time may slow down the application process. If your application is not properly completed, you will be contacted by the email you provide on the . Mail the completed application to this office at the address listed on the front page of the application. Checks for the license should be made payable to the South Carolina Contractor's Licensing Board.

Make checks payable to: **SCCLB (SC Contractor's Licensing Board)**

Mailing Address:  
PO Box 11329  
Columbia SC 29211-1329

Physical/Overnight Mailing Address:  
110 Centerview Drive  
Columbia SC 29211



South Carolina Department of Labor, Licensing and Regulation

## South Carolina Contractor's Licensing Board

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### FOR OFFICE USE ONLY

☐ Name changed ☐ Address changed

☐ New QP \_\_\_\_\_

☐ Officers Updated

Date Action Completed: \_\_\_\_\_

☐ CBC ok \_\_\_\_\_ ☐ CBC issue/scanned

## REVISION APPLICATION

Document #135

## BURGLAR and/or FIRE ALARM BUSINESS

### Check type of Revision being submitted

☐ Name change ☐ Address change

☐ Adding new QP ☐ Officer(s) update

☐ Deleting QP ☐ Deleting Reg. Employ.

☐ Other: \_\_\_\_\_

### Section 1 - Alarm Business Information:

Alarm Business Name: \_\_\_\_\_  
(Name that appears on the alarm license of the business)

Business Address: \_\_\_\_\_  
Street City State Zip County

Mailing Address: \_\_\_\_\_  
PO Box City State Zip County

Business Telephone#: \_\_\_\_\_ Fax Number#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Burglar Alarm License: BA Fire Alarm License: FA

### Section 2 - Change of business name, address, telephone number, and/or officers:

New Business Name: \_\_\_\_\_

New Physical Address: \_\_\_\_\_  
Street City State Zip County

New Mailing Address: \_\_\_\_\_  
PO Box City State Zip County

Federal ID#: \_\_\_\_\_ New Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

New/Updated Email Address(es): \_\_\_\_\_

### Select Style of Business:

☐ Individual or Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ S ☐ J ☐ Other: \_\_\_\_\_

### Updated Officers (attach page if necessary):

Name	Title	SS#	DOB	Address	Telephone

Driver's License and state issued (for president/owner): State: DL: \_\_\_\_\_

### **Section 3 – Add or transferring qualifying party (QP) to a licensed alarm business listed in section**

See section 2 on the instruction page for further information. Make as many copies of this page as required if you need to add qualifying parties.

- a. Check type of request: ☐ Add QP to home office ☐ Add QP to branch office  
☐ Transfer QP to home office ☐ Transfer QP to Branch office

Check one of the following for type of QP: ☐ Primary Qualifying Party ☐ Extra Qualifying Party

b. Name of QP: \_\_\_\_\_ SSN#: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License and state issued: \_\_\_\_\_

- c. Has the QP passed the required two examinations and has the QP been a QP for a licensed alarm business within the last four consecutive years? ..... ☐ Yes ☐ No  
(If no, you must take the required exams. Contact PSI Examination Services for an examination registration form.)

What is the current QP certificate number for the QP, if applicable?: \_\_\_\_\_

- d. Complete the following if the QP is transferring from an alarm business currently licensed with this office:

Name of Previous Alarm Employer: \_\_\_\_\_

Burglar Alarm Business License No.: BA: \_\_\_\_\_ Fire Alarm Business License No.: FA: \_\_\_\_\_

Home Office Address: \_\_\_\_\_

- e. Complete the following if the QP is transferring to a branch office:

Branch Office License#: BO: \_\_\_\_\_ Home Office License#: BA: \_\_\_\_\_

Date of New Employment: \_\_\_\_\_ Title or Position: \_\_\_\_\_

### **Section 4 – Delete qualifying party (or registered employee\*):**

Make copies of this page/section as needed.

1. Name: \_\_\_\_\_ Last 5 of SSN: - \_\_\_\_\_ Termination date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Last 5 of SSN: - \_\_\_\_\_ Termination date: \_\_\_\_\_

3. Name: \_\_\_\_\_ Last 5 of SSN: - \_\_\_\_\_ Termination date: \_\_\_\_\_

**\*Deleting Registered Employees** can also be done online by accessing the following: [Document #126 - Add or Delete Registered Employees Online](#). Use the same User ID and Password issued to you by LLR; if you do not have this information, submit an email request for it at [contact.clb@llr.sc.gov](mailto:contact.clb@llr.sc.gov).

Failure to notify the department of the employment or termination of a registered employee within thirty days may result in disciplinary action.

## **Section 5 – Background Information:**

The questions in this section **must be** answered by any new owner/president and each qualifying party listed in section 3. Any question answered **yes** must be fully explained. **Attach documents and/or a written explanation on a separate page for each yes answer.** The employee must place his/her name at the top of each section number 5, page number 5, and attach the written explanation. :

1. Have you ever had a license, certification, or registration cancelled, surrendered, revoked, suspended, restricted, or disciplined by any federal or state authority or contracted without proper licensure?

Owner/President: ☐ Yes ☐ No

Qualifying Party: ☐ Yes ☐ No

*If yes, list the jurisdiction name and location, and submit documentation describing the case and official documents that give the disposition.*

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2. Is any investigation or disciplinary action currently pending against you or an organization of which you are or were an officer, principal, or major shareholder?

Owner/President: ☐ Yes ☐ No

Qualifying Party: ☐ Yes ☐ No

*If yes, list the jurisdiction name and location, and submit documentation describing the case and official documents that give the disposition.*

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3. Have you or organizations of which you are or were an officer, principal or major shareholder ever been issued a Cease and Desist Order for unauthorized practice?

Owner/President: ☐ Yes ☐ No

Qualifying Party: ☐ Yes ☐ No

*If yes, list the jurisdiction name and location, and submit documentation describing the case and official documents that give the disposition.*

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4. Have you ever been arrested, charged, indicted, or convicted for violation of any federal, state, or local law (other than a minor traffic violation)?

Owner/President: ☐ Yes ☐ No

Qualifying Party: ☐ Yes ☐ No

*If yes, attach documentation describing the conviction and official documents that give the disposition.*

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5. Are you currently or have ever been licensed or registered in any profession in any federal or state jurisdiction?

Owner/President: ☐ Yes ☐ No

Qualifying Party: ☐ Yes ☐ No

*If yes, indicate on the line below the type of license or registration you held or currently hold, and list the name and location of the jurisdiction issuing the license or registration.*

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6. Within the last five years, have you or any business entity of which you are or were an officer, principal, or major shareholder received any notice of any final judgments, liens or claims of any kind? If you have responded to this question on a previous application or renewal form, check No.

Owner/President: ☐ Yes ☐ No

Qualifying Party: ☐ Yes ☐ No

*If yes, attach documentation describing the case and official documents that give the disposition.*

Print Name of Employee: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

## **Section 6 – Affidavit for Qualifying Party**

Make as many copies of this page as needed for each new qualifying party to be added in this application. All new qualifying parties **must sign** the Affidavit below and have it **notarized**.

The qualifying party must read section 5 before signing the affidavit. I hereby state that I am a full-time employee of the license applicant in a managerial or supervisory position (if the applicant is requesting to be the single primary qualifying party; an extra qualifying party does not have to be in a managerial or supervisory position). Since I am requesting to be listed as a primary or an extra qualifying party, I understand that false or incorrect information provided by me may result in the denial of a certificate to qualify a licensee issued pursuant to Chapter 79 and Chapter 1 of the S.C. Code of Laws, as amended. I understand that I may be subject to appropriate civil and criminal proceedings for knowingly making any false statement or misrepresentation in this application. I agree all of the qualifying party information in this application can be verified and investigated. I have read, and I am familiar with the laws, regulations, and codes pertaining to the Alarm System Business in which I qualify and hereby agree to abide by such laws and codes.

Print Name of Qualifying Party: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Qualifying Party*                      *Title*                      *Date*

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*                      My Commission Expires: \_\_\_\_\_

State of \_\_\_\_\_                      County of \_\_\_\_\_

## **Section 7 - Affidavit for Owner/President**

The primary qualifier(s) listed on this application is (are) full-time employee(s) in a responsible management position with the applicant requesting this license. 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 or denial of a license issued pursuant to this application and may be subject to civil and criminal proceedings. I agree all information in this application can be verified and investigated. I have read, and I am familiar with the South Carolina Code of Laws regulating contracting and hereby agree to abide by such laws.

The owner/president **must sign below** and have the application **notarized**.

Print Name of Owner/President: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Owner/President*                      *Title*                      *Date*

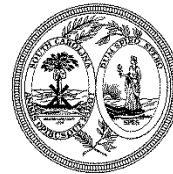
Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*                      My Commission Expires: \_\_\_\_\_

State of \_\_\_\_\_                      County of \_\_\_\_\_



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)