



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

South Carolina Fire Sprinkler Contractor License

Revision Application

Document 155

APPLICATION INSTRUCTIONS - PLEASE READ CAREFULLY

To change business name or address, you must:

- Complete Sections A, B, and E.
- Submit an insurance policy in the new name of the company. Refer to page 2 in the application instructions for further details.

If the business has a new Federal I.D. number, which indicates the style of business may have changed, do not use this form. Ex: company has changed from a sole proprietorship to a corporation. You must complete an application for a new license. Please contact the office and ask for a new application.

To Add or Transfer a qualifying party, you must:

- Complete Sections A, C, and E, and Affidavit of Eligibility page.
To add a qualifying party, you must include with this application verification from NICET indicating that your qualifying party has passed the **NICET Level III or IV fire sprinkler technician Certification in 'fire Protection Technology Automatic Sprinkler System Layout' exam.**

NOTE: The NICET Level III or IV exam is not administered by this Board. The exam application and exam dates may be obtained by contacting the National Institute for Certification in Engineering Technologies (NICET), 1420 King Street, Alexandria, VA, 22314-2794, or call 1-(888)-476-4238. The exam cost and process is the responsibility of each applicant. The exam fee charged by NICET for the exam must be paid directly to the Institute. Their WEB site is www.nicet.org.

To Delete a qualifying party, you must:

- Complete Sections A, D and E.

Transferring qualifying party qualifications from another licensee to your license:

- There is no charge to transfer a primary qualifier from one licensed fire sprinkler contractor to another. There is a \$50 fee for each qualifying party. If you are transferring qualifications of a to an unlicensed sprinkler contractor, you must disregard this form and complete an initial application on Document 145

Conducting business:

- You must conduct business in the name in which the license certificate was issued. This license belongs to the applicant, not the primary qualifying party. The qualifying party has passed an exam that enables the licensee to engage in the fire sprinkler business. The fire sprinkler license certificate expires biennially on July 31st on even numbered years.

Termination of qualifying party:

- The qualifying party and the licensee must notify the department within 15 days if the qualifying party terminates employment with the licensee. The licensee will be given 6 months to submit an application with a new qualifying party. Failure to meet the 15-day time limit will result in immediate cancellation of the license by the department.

Insurance information:

- The license applicant must submit proof of comprehensive liability insurance in the amount of not less than \$100,000. This policy must be purchased from an insurer authorized to do business in South Carolina. The South Carolina Contractors' Licensing board must be named as the policy holder.

Make checks payable to: SC Contractors Licensing Board

Mailing Address:

PO Box 11329

Columbia SC 29211

Physical Address:

110 Centerview Drive

Columbia SC 29210



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<u>For Office Use Only</u>	
Amount	_____
Batch #	_____
Issue Date	_____
Qualifier Card #	_____

Fees: Addition or new employee Qualifying Party: \$50.00

SECTION A
BUSINESS INFORMATION:

Business Name: _____ License Number: _____
 (Licensed name as it currently appears on the license)

Business Address: _____
 Street City State Zip County

Mailing Address: _____
 (Same as above) PO Box or Street City State Zip County

Business Telephone (____) _____ Fax (____) _____ Federal ID _____

Print Name of Owner/President: _____ Home Telephone: (____) _____

Email Address: _____

SECTION B

CHANGE OF BUSINESS NAME, CORPORATE OFFICERS and/or ADDRESS: Attach amended corporate charter if this is a corporation name change. If the federal ID changed, do not complete this form. You must submit a new application and meet all initial application requirements.

New Business Name: _____

New Physical Address: _____
 Street City State Zip County

New Mailing Address: _____
 (Same as above) PO Box or Street City State Zip County

New Federal ID _____ New Telephone (____) _____ New Fax (____) _____

New Email: _____

Sole Proprietorship ____ Partnership ____ Corporation ____ LLC ____ S ____ J ____ Other _____

List the names of principle officers, title, SSN, date of birth, address, and telephone number:

NAME	TITLE	SSN	DOB	ADDRESS	TELEPHONE#

SECTION C

ADD OR TRANSFER QUALIFYING PARTIES: Make as many copies of this page as needed for each qualifying party.

Check type of request. Add qualifying party to existing licensee (listed in Section A)

Transfer to new licensee (listed in Section A)

Name: _____ Soc Sec: _____ Position Title: _____

Home Address: _____ Home Telephone: (____) _____

Date of Birth: _____ Drivers License Number & State Issued: _____

Name of Exam Passed: _____ Date Passed: _____

Complete the following if adding a qualifying party:

Has the qualifying party listed taken and passed the NICET Level III or IV exam? Yes ___ No ___

If Yes, attach copy of the exam certification from NICET. If No, you must contact NICET at 1-888-476-4238 for examination information. The exam must be passed before the individual can be added as a qualifying representative.

Complete the following if the qualifying party is transferring from a business that is currently licensed with this office:

Name of Previous Sprinkler Employer: _____ License: _____

Is the person listed above the primary or extra qualifying party for the new sprinkler employer?

Check one: Primary ___ Extra ___

Background Information: To be answered by any **new** qualifying party. Any question answered **yes** must be fully explained. Attach documents and a written explanation on a separate page for each "yes" answer by the qualifying party.

(Make as many copies of this page as needed for each qualifying party).

Currently or within the last ten years, if you (qualifying party) answer yes to the following questions, attach an explanation on a separate page.

Have you been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law related to fire sprinkler contracting? Is any complaint or violation pending, under investigation, or has any action been taken against your license or certification in any jurisdiction? Have you been denied a license to practice fire sprinkler contracting in this state or any other state? Have any judgments, liens or claims been filed against you or any business in which you were the owner, officer or qualifying party? Yes ___ No ___

I have read, understand and meet all criteria pertaining to the South Carolina Fire Sprinkler Contracting Act and hereby agree to abide by these laws and other regulations. I hereby give permission to the Contractors' Licensing Board to verify and investigate information in this application. I understand that false or incorrect information provided by me may result in the denial of a license and may be subject to appropriate civil and criminal proceedings.

Signature of Qualifying Party Title Date

Sworn and Subscribed before me this _____ day of _____, 20_____

Notary Public My Commission Expires _____

State of _____ County of _____

SECTION D

DELETE QUALIFYING PARTIES:

Complete this section if a qualifying party has **left employment of the licensee.**

Name: _____ Soc Sec: _____

Check One of the Following:

Primary Qualifying Party Extra Qualifying Representative Date of Termination: _____

Name: _____ Soc Sec: _____

Check One of the Following:

Primary Qualifying Party Extra Qualifying Representative Date of Termination: _____

SECTION E

AFFIDAVIT OF OWNER/PRESIDENT: If the exam qualifying party is also the owner / president, he / she must also sign this section.

The applicant must submit proof of comprehensive liability insurance in the amount of not less than \$100,000 if the entity is changing their business name. The new policy should reflect the new name in which the entity is conducting business. This policy must be purchased from an insurer authorized to do business in South Carolina. The South Carolina Contractors' Licensing Board must be named as the certificate holder. If the entity is changing their business name, is a copy of the insurance policy enclosed with the application? Check one of the following: Yes ____ No ____ Does not apply to my situation ____
If no if checked, the application will be returned.

Currently or within the last ten years, if you (owner/president) or any officers of the applicant seeking licensure answer yes to the following questions, attach a detailed explanation on a separate page. Have you been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law related to general or mechanical contracting? Is any complaint or violation pending, under investigation, or has any action been taken against your license in any jurisdiction? Have you been denied a license to practice fire sprinkler contracting in this state or any other state? Have any judgments, liens or claims been filed against you or any business in which you were the owner, an officer or qualifying party. Yes ____ No ____

I affirm that the primary qualifying party listed on this application is a full-time employee in a responsible management position with the applicant seeking licensure. 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.

Print name of owner / president Position held with the business applicant

Signature of Owner / President Title Date

Sworn and Subscribed before me this _____ day of _____, 20 _____

Notary Public My Commission Expires _____

State of _____ County of _____

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)

AFFIDAVIT OF ELIGIBILITY PAGE: TO BE COMPLETED BY QUALIFIER (QP); QP MUST SUBMIT COPY OF SOCIAL SECURITY CARD AND VERIFIABLE PICTURE ID, i.e. DRIVER'S LICENSE. IF YOU ARE UNABLE TO PROVIDE A COPY OF YOUR CARD, CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE FOR A FREE COPY. IF YOU HAVE TO WAIT FOR THE CARD, SUBMIT A COPY OF THE APPROVAL LETTER FROM THE SOCIAL SECURITY OFFICE VERIFYING YOUR SOCIAL SECURITY VALIDITY.

Social Security APPLICATION: www.socialsecurity.gov/forms/ss-5.pdf

Social Security OFFICE LOCATOR: <https://secure.ssa.gov/ICON/main.jsp>

Social Security PHONE#: 1-800-772-1213



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: _____