

## 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

# GENERAL AND MECHANICAL CONTRACTOR APPLICATION REQUIREMENTS AND INSTRUCTIONS (DOC 165)

### LICENSING PERIOD

All General Contractor licenses expire October 31<sup>st</sup> in even numbered years. All Mechanical Contractor licenses expire October 31<sup>st</sup> in odd-numbered years.

### LICENSURE FEE

The license fee is \$350. Fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.

### LICENSE GROUP REQUIREMENTS

Limits per bid and job are based on the provided financial documentation or bond. Additional information about financial group limits can be found on the Board's website. A financial statement or a surety bond must be submitted to determine your license group limitation. If you are submitting a financial statement, you must meet either the net worth/ total equity requirement below or working capital. You are not required to meet both requirements.

| General Contractor                                     |                              |                 |                            |                            |  |
|--|------------------------------|-----------------|----------------------------|----------------------------|--|
| Group  | Bid and Job<br>\$ Limitation | Working Capital | Net Worth/<br>Total Equity | Surety Bond<br>Requirement |  |
| Group 1  | \$100,000                    | \$10,000        | \$20,000                   | \$20,000                   |  |
| Group 2  | \$400,000                    | \$40,000        | \$60,000                   | \$60,000                   |  |
| Group 3  | \$1,000,000                  | \$100,000       | \$150,000                  | \$150,000                  |  |
| Group 4  | \$3,000,000                  | \$175,000       | \$250,000                  | \$250,000                  |  |
| Group 5  | \$Unlimited                  | \$250,000       | \$350,000                  | \$350,000                  |  |
| Working Capital = Current Assets - Current Liabilities |                              |                 |                            |                            |  |

Working Capital = Current Assets - Current Liabilities
Net Worth = Total Assets - Total Liabilities

| Mechanical Contractor                                  |             |                 |                            |                            |  |
|--|-------------|-----------------|----------------------------|----------------------------|--|
| Group Bid and Job \$ Limitation                        |             | Working Capital | Net Worth/<br>Total Equity | Surety Bond<br>Requirement |  |
| Group 1  | \$35,000    | \$3,500         | \$7,000                    | \$7,000                    |  |
| Group 2  | \$100,000   | \$10,000        | \$15,000                   | \$15,000                   |  |
| Group 3  | \$200,000   | \$20,000        | \$30,000                   | \$30,000                   |  |
| Group 4  | \$400,000   | \$40,000        | \$60,000                   | \$60,000                   |  |
| Group 5  | \$Unlimited | \$200,000       | \$300,000                  | \$300,000                  |  |
| Working Capital = Current Assets - Current Liabilities |             |                 |                            |                            |  |

Working Capital = Current Assets - Current Liabilities Net Worth = Total Assets - Total Liabilities

### FINANCIAL STATEMENT GUIDELINES

- Submit an acceptable financial statement for the requested group limit with a balance sheet dated no more than twelve months before the date of the relevant application showing a minimum net worth or working capital for each license group.
- Compiled, reviewed, and audited financial statements must be prepared by a licensed CPA. Verify
  a CPA is licensed at <a href="https://cpaverify.org/">https://cpaverify.org/</a>.
- Financial statements must clearly illustrate the applicant's net worth or working capital on the provided balance sheet and include a signed cover letter from the CPA.
- Personal financial statements of an entity's principals for an entity with less than two years' operating experience are acceptable for the initial application only.
- A financial statement from a parent company may be accepted if it is noted in the financial statement "notes" or accompanied by a letter from the parent company stating the entity is a wholly owned subsidiary.

## **Groups 1 and 2** – (submit one)

- Owner Prepared financial statement with an affidavit of accuracy, Document #172; or
- Surety Bond Form for General Contractors / Surety Bond Form for Mechanical Contractors

## **Groups 3 and 4** – (submit one)

- Financial statement compiled by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP or
- Surety Bond Form for General Contractors / Surety Bond Form for Mechanical Contractors

### **Group 5** – (submit one)

- An audited balance sheet prepared by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP; or
- Surety Bond Form for General Contractors / Surety Bond Form for Mechanical Contractors

#### SC SECRETARY OF STATE

Business corporations, non-profit corporations, limited liability companies, limited partnerships and limited liability partnerships must register with the SC Secretary of State: <a href="https://sos.sc.gov/">https://sos.sc.gov/</a>.

Completed applications may be submitted to the Board at PO Box 11329, Columbia, SC 29211, by email to <u>contact.clb@llr.sc.gov</u>, or delivered in person at 110 Centerview Dr., Columbia, SC 29210.



### 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

# GENERAL AND MECHANICAL CONTRACTOR APPLICATION FOR LICENSURE (DOC 165)

## This application form is used for:

- New license, including a business with a new name and Federal ID number, or a new type of business (Corporation, LLC, LLP, etc.).
- Reinstate a lapsed license.

Do not use this application if you need to revise a license, such as increasing the license group limitation, or name change with the same Federal ID number and type of business you need to complete the <u>General and Mechanical Contractor Revision Application (Doc 180)</u>.

#### **Submit the following with your application:**

- The license fee is \$350. Fees are non-refundable. License fee in the form of a check or money order made payable to SCCLB. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
- Verification to conduct business in SC from the SC Secretary of State (not required for a sole proprietorship).
- Financial Statement or Surety Bond supporting the requested group limitation.
- Completed <u>PQP /QP Initial Application(s)</u> (<u>Doc 168</u>) for individuals who are not currently certified by the Board or have a certification that has been inactive for more than four years <u>or</u> completed <u>PQP/QP Revision Application (Doc 181)</u> to add an active PQP/QP certification or a certification that has been inactive for less than four years.

Completed applications may be submitted to the Board at PO Box 11329, Columbia, SC 29211, by email to contact.clb@llr.sc.gov, or delivered in person at 110 Centerview Dr., Columbia, SC 29210.

#### APPLICANT INFORMATION

The individual or company listed in this section will be designated as the "License Holder." You must sign contracts, apply for permits, conduct business, and advertise in this name only. (See SC Code of Laws Section 40-11-20, 130, 230, 240 and 370(B))

| Licensee/Legal Name:                        |                                   |           |     |    |   |
|---|-----------------------------------|-----------|-----|----|---|
| Doing Business As (DBA) Name:               |                                   |           |     |    |   |
| Business Phone:                             | Email (required):                 |           |     |    | _ |
| Business Address:                           |                                   | _ County: |     |    |   |
| Physical street address, Ci                 |                                   | _         |     |    |   |
| Mailing Address (if different from above):  |                                   |           |     |    | _ |
| Federal Tax ID or SSN:                      | Website:                          |           |     |    | _ |
| 1. Is the licensee/entity listed above a cu | arrent or previous SC Contractor? |           | YES | NO |   |
| If yes, license number:                     |                                   |           |     |    |   |
| 2. Is this a reinstatement application?     |                                   |           | YES | NO |   |
| 3. Is this a name change or form of busing  | ness change?                      |           | YES | NO |   |

| Corporations, LLCs, LLPs, or LPs must submit of Existence.   | it a Federal Tax ID number and a SC Secretary of State Certificate   |
|--|--|
| Sole Proprietorship  | Domestic/Foreign Corporation Partnership   |
| Limited Liability Partnership  | Limited Liability Company  |
| State of incorporation or organization:  |  |
| ow   | NERS AND OFFICERS  |
|  | information and percent of business ownership of each owner, officer, ownership interests held by other business entities, include state of the sheet if necessary.  |
| Name:  | Title:   |
| % Ownership: Date of Birth   | :  |
| Name:  | Title:   |
| % Ownership: Date of Birth   | ÷  |
| Name:  | Title:   |
| % Ownership: Date of Birth   | :  |
| Applicants must designate a Primary Qualifyin a license is desired as a prerequisite to license applicant as the principal individual responsibly particular classification or subclassification. At the necessary exams to qualify the applicant of party. This section must be completed for every | (PQP) / QUALIFYING PARTY (QP) INFORMATION  ng Party (PQP) for each classification or subclassification for which  ure. A PQP is the qualifying party who has been designated by the  ole for directing or reviewing work performed by the applicant in a  dditional qualifying parties are those individuals who have passed all  or licensure but have not been designated as the primary qualifying  ty PQP and QP. Attach additional copies of this page as needed. |
|  | ying Party Initial Application (Doc 168) and provide the supporting  |
| $\square$ PRIMARY QP (PQP) $\square$ ADDITIONA   | L QP (QP)  |
| Full Legal Name:   | Certification # (if applicable):   |
| Last 5 digits of SSN:  | Date of Birth:   |
| Do you currently hold a South Carolina qualify   | ying party certificate? □ Yes □ No   |
| If yes, check one of the boxes below.  |  |
| I am requesting to transfer my S.C. qualif listed in Section 1.  | Ying party certificate from License #: to the applicant  |
| I am requesting to be a dual qualifier for   | both licenses ( <u>must</u> submit the <u>Request to Become a Dual Primary</u>   |

Qualifying Party (Doc 173) and meet all four (4) criteria).

**Type of Business:** 

#### **GROUP LIMIT**

Limits per job are based on the provided financial documentation or bond. Please indicate the method for which you are qualifying for licensure. Additional information about financial group limits can be found on the Board's website.

## **Groups 1 and 2** – (submit one)

- Owner Prepared financial statement with an affidavit of accuracy, <u>Document #172</u>; or
- Surety Bond Form for General Contractors / Surety Bond Form for Mechanical Contractors

#### **Groups 3 and 4** – (submit one)

- Financial statement compiled by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP or
- Surety Bond Form for General Contractors / Surety Bond Form for Mechanical Contractors

### **Group 5** – (submit one)

• An audited balance sheet prepared by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP; or

| <ul> <li>Surety Bond Form for General 0</li> </ul>   | Contractors / Surety Bond Form for Mec   | hanical Contractors                       |  |  |
|--|--|---|--|--|
| Requested Group Limit:  ☐ Group 1 ☐ Group 2 ☐ Group  | o 3  |   |  |  |
| Qualifying for Requested Group Limit  ☐ Net Worth ☐ Working Capital  | it by:  □ Surety Bond  |   |  |  |
| What type of financial documentation   | are you submitting with your applica   | tion?                                     |  |  |
| ☐ Audited Balance Sheet ☐ Reviewe  | ed Financial Statement   | nancial Statement                         |  |  |
| ☐ Owner Prepared Financial Statement   | ( <u>Doc. 172</u> )   Surety Bond  |   |  |  |
| Only select the classifications/sub classifications (Include General Contractor-Building (Include Contractor-Building Contractor-Building (Include Contractor-Building Contractor-Building Contractor-Building Contractor-Building (Include Contractor-Building Contr | CATIONS AND SUBCLASSIFICATI fications for which the PQP/QP applicants Wood Frame Structures, Nonstructural | nt(s) qualify:  Renovation, Masonry, Pre- |  |  |
|  | tructural Framing, and Miscellaneous Mo  | ,   |  |  |
| ☐ Limited Building Contractor (const   | truction up to 3 stories in height, groups   | 1-3 of job contract limits)               |  |  |
| ☐ Unlimited General Contractor (gro  | ups 1-5 of job contract limits)  |   |  |  |
| $\square$ General Contractor - Highway (inc  | ludes all the following subclassifications   | s)  |  |  |
| ☐ Bridges ☐ Concrete Paving  | ☐ Asphalt Paving ☐ Grading   | ☐ Highway Incidental*                     |  |  |
| ☐ General Contractor-Public Utilities  | s (includes all the following subclassifica  | ations):                                  |  |  |
| ☐ Pipelines ☐ Water and Sewer I  | Lines  |   |  |  |
| <b>General Contractor-Specialty Subclass</b>   | ssifications:  |   |  |  |
| ☐ Boiler Installation  | ☐ Boring and Tunneling*  | ☐ Concrete                                |  |  |
| ☐ Glass and Glazing  | ☐ Marine   | ☐ Masonry*                                |  |  |
| ☐ Miscellaneous Metals*  | ☐ Nonstructural Renovation   | ☐ Pre-engineered Metal Buildings          |  |  |
| ☐ Public and Electrical Utility  | ☐ Railroad Lines*  | $\square$ Roofing                         |  |  |
| ☐ Structural Framing ☐ Swimming Pools ☐ Wood Frame Structures  |  |   |  |  |
| (*no technical exam required)  |  |   |  |  |

GC/MC Application for Licensure (Rev. 08/02/2023 v1.7)

|   | <b>chanical Contra</b><br>Air Conditioning | actor Subclassificat                           | ions:<br>□ Electrical   |                                    | Heating                |                 |    |
|---|--|--|---|------------------------------------|------------------------|-----------------|----|
| ☐ Lightning Protection Systems  |  | tion Systems                                   | ☐ Packaged Equipment  |                                    | ☐ Plumbing             |                 |    |
|   | Pressure and Pro                           | cess Piping                                    | ☐ Refrigeration   |                                    |                        |                 |    |
| of t  | his entity has be                          | n on all other jurisdicen or is currently lice | RRENT AND FORMER Lations where this business enemsed as a general or mechan palities if there is no statewing | ntity or any own ical contractor o |                        |                 |    |
| N   | ame of Licensee                            | State/Jurisdiction                             | Type of License/Certificate (Include classification)  | License No.                        | Original<br>Issue Date | Expiration Date | ;  |
|   |  |  |   |                                    |                        |                 |    |
|   |  |  |   |                                    |                        |                 |    |
|   |  | tions below. If any q                          | BACKGROUND QUESTI<br>uestions have a "yes" answer<br>Form (Doc. 142) for each pe                              | r, you are requir                  |                        |                 | :  |
| 1.  | guilty or nolo co                          | ontendere in the US obtaining money u          | or, partner, or member of this or foreign country of a felony nder false pretenses, theft,                    | y or of the offen                  | se of forgery,         | YES             | NO |
| If yes, in addition to <u>Doc 142</u> , a criminal background check must be provided from the state in which the conviction occurred for anyone to whom the "yes" answer applies, along with the court disposition and any other pertinent documentation. For South Carolina criminal background reports contact SLED at <b>www.sled.sc.gov</b> . Out-of-state applicants may submit a state-issued report, or any report generated by an accredited agency on PBSA's website found here: thepbsa.org/. All criminal background reports must not be older than thirty (30) days from the date of application. |  |  |   |                                    |                        |                 |    |
| 2.  | or certificate d                           |  | partner, or member of this en<br>revoked or otherwise been<br>a?  |                                    |                        | YES             | NO |
|   | If yes, in addition must be provided       |  | al documentation related to t   | he relevant disc                   | iplinary action        | n               |    |
| 3.  | complaints or                              |  | er, partner, or member of the<br>fore any professional licer<br>a?  |                                    |                        |                 | NO |
|   | If yes, in addition must be provided       |  | al documentation related to t   | he relevant disc                   | iplinary action        | 1               |    |
| 4.  |  |  | er, partner, or member of thir<br>ruction or have any bankrup   |                                    | y outstanding          | YES             | NO |
|   | including the or                           | der of judgment or f                           | icial documentation related inal disposition, and bankrup satisfy construction related r                      | tcies, as well as                  | any payment            |                 |    |

#### STATE SCHOOL VOLUNTARY DONATION

Effective May 16, 2022, SC Code of Laws Section 40-11-40 provides applicants for contractor's licensure the ability to make voluntary contributions to accredited public institutions of higher learning offering degrees in construction science, building science or civil engineering. Each institution receiving funds pursuant to this section shall utilize the funds to provide or enhance programs related to building science or civil engineering, which shall include, but is not limited to, scholarships, fellowships, research, faculty development, and continuing education programs. Contributions are voluntary and not required for licensure. If you would like to make a contribution, please indicate the school below and the amount you wish to donate. This is a one-time contribution and is not required with future applications.

If you would like to donate to a state sponsored school, please select one only:

| ☐ Clemson ☐ USC Columbia ☐ The Citadel   |  |                        |
|--|--|------------------------|
| ☐ SC State ☐ Undesignated (dispersed in a pro rata n   | nanner based on full-time enrollment in qu     | nalifying programs)    |
| Donation Amount (include with fee): \$   |  |                        |
| ATTE   | STATION  |                        |
| We, the primary qualifying party listed on this applicate complete authority to sign on behalf of the applicant, ce part of the applicant's business and is actively involved undertaken by the applicant requesting this license. | rtify that the primary qualifying party ider   | ntified is an integral |
| We further certify that all statements contained herein a and belief.  | are true, accurate, and complete to the bes    | t of our knowledge     |
| We acknowledge that the provision of false, incorrect, cancellation or denial of a license issued pursuant to the license or certification and may be subject to civil and   | is application, the initiation of disciplinary |                        |
| We agree that all information in this application may b  | e verified and investigated.                   |                        |
| We have read and are familiar with the South Carolina agree to abide by such laws.   | Contractor's Practice Act regulating conf      | tracting and hereby    |
| Primary Qualifying Party Name (Print):   |  |                        |
| PQP Signature:   | Title  | Date                   |
| Owner/President/Authorized Party Name (Print): _   |  |                        |
| Signature:   | Title  | 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.