



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 ALARM BUSINESS
 REGISTERED EMPLOYEE APPLICATION (DOC 126)**

Submit the following with the application:

- Copy of valid driver's license, State Issued ID, Passport or Military ID
- Copy of Social Security Card
- Signed and notarized Verification of Lawful Presence
- Criminal Background Checks issued by a law enforcement agency from each state the employee has resided in for the past 10 years. CBC checks must be dated within 30 days of employment. For South Carolina criminal background reports contact SLED at www.sled.sc.gov or (803) 737-9000. Out-of-state applicants may submit a state-issued report or any report generated by an accredited agency on PBSA's website found here: <https://thepbsa.org/>.
- Provide a written explanation and any supporting documentation for all "yes" answers to disciplinary questions on [Doc 142](#).

Burglar Alarm Co. License No.: BAC

Alarm Business Name: _____

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

Mailing Address: _____
 (P.O. Box/Street, City, State, Zip)

Primary Qualifying Party: _____ Phone: (____) _____

REGISTERED EMPLOYEE APPLICANT INFORMATION

Name: _____ Phone: (____) _____

Home Address (Physical): _____
 (Street, City, State, Zip)

Mailing Address: _____
 (P.O. Box/Street, City, State, Zip)

Email: _____

Social Security No: _____ Date of Birth: _____

EMPLOYMENT

Are you currently employed by the above reference alarm business? Yes No

If yes, what is your current position/title? _____

Date of Hire: _____

Are you currently employed by another alarm company? Yes No

If yes, Company name: _____ License No.: _____

What is your current position/title? _____

Date of Hire: _____

DISCIPLINARY QUESTIONS

All questions are required to be answered. If you answer “Yes” to any of the following questions, you must provide a written explanation by completing the enclosed [Document Number 142](#) – Explanatory Statement of “Yes” Answers, as well any supporting documentation (court disposition, legal documentation, board orders, etc.) as needed. “Yes” answers to criminal history must include a background check from the state in which the incident occurred (if the criminal history is contained within the 10-year CBCs, then a separate CBC is not necessary).

- 1. Have you been convicted of or pled guilty or nolo contendere in the last 10 years to a crime involving the sale, manufacture, distribution, or transportation of a controlled substance, drug, or narcotic, or involving unlawful breaking or entering, burglary or larceny? Yes No
- 2. Have you been convicted of a felony or pled guilty to a felony? Yes No
- 3. Are you currently under sentence, including probation or parole, for a felony or any crime committed while engaged in or related to any aspect of the alarm business? Yes No
- 4. Do you have any outstanding monetary judgments related to the alarm business? Yes No
- 5. Have you had a license, certificate or registration to practice a regulated profession or occupation suspended, cancelled, revoked, denied renewal for cause or otherwise been disciplined in this state or any other state, federal or local jurisdiction? Yes No
- 6. Do you have any unresolved complaints or charges pending by this or any other professional licensing entity in this or any other state or jurisdiction? Yes No

AFFIRMATION

I hereby certify that the information concerning me submitted in this application and/or registration form is true and correct to the best of my knowledge and gives my permission for any and all information contained herein to be verified.

If approved as a Registered Employee, I understand my employer may answer on my behalf, after confirming details with me, any information needed to process and maintain my registration including disciplinary questions during the renewal period.

Signature of Applicant	Print Name	Date
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As the licensee primary qualifying party, I understand it is our responsibility to notify the department of employee termination, new convictions and ensure the employee meets registration requirements before and during employment. I also understand as the licensee and primary qualifying party, we may be subject to disciplinary action for failure to report violations as defined under Chapter 79 South Carolina Alarm System Business Act.

Signature of Primary Qualifying Party	Print Name	Date
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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)