



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 CONTRACTORS PRIMARY QUALIFYING PARTY (PQP) AND QUALIFYING PARTY (QP) REQUIREMENTS AND INSTRUCTIONS (DOC. 168)

Individuals wishing to be designated as a Primary Qualifying Party (PQP) or Qualifying Party (QP) for a licensee must submit an application form setting forth the individual's qualifications for certification. This application is for initial applicants and applicants who have a certification that has been inactive for more than four years.

If you are currently certified by the Board or you have a certification that has been inactive for less than four years and you need to make changes to your certification, please complete the [PQP/QP Revision Application - Doc. 181](#).

Regardless of how you are applying, all individuals must pass the South Carolina Business Management & Law for Commercial Contractors Exam prior to requesting qualifying party certification from the Board. You may register for this exam at <https://candidate.psiexams.com/>. Scores should be sent directly to the SC Contractor's Licensing Board.

#### METHODS OF CERTIFICATION

PQP or QP must qualify for certification based on one of the below methods.

##### APPLICATION BY EXAMINATION:

Exam applicants must pass the appropriate technical exam(s) prior to submitting an application to the Board. In addition, you will need to submit at least 2 years of work experience performed within the past 5 years. The Work Experience Affidavit is provided with the application and may be copied as needed. Unless specifically listed, experience should include primarily commercial work experience.

- **PSI Technical Exam:** Passing scores for the appropriate South Carolina technical exam(s) should be included with your application packet. You may contact PSI Exams directly to schedule your exam. <https://candidate.psiexams.com/>
- **NASCLA:** Contact NASCLA to have your transcripts sent directly to the Board: <https://www.nascla.org/>.

##### APPLICATION BY WAIVER/RECIPROCITY OR MASC:

- **Municipal Association of South Carolina (MASC)** applicants should contact [MASC](#) to obtain a certification letter or include a copy of a valid certification card. Accepted certifications include:
  - Master electrician certification passed the MASC's examination after December 1990 (Corresponding classification: Electrical).
  - Master plumber certification passed the MASC's examination after December 1990 (Corresponding classification: Plumbing).
  - HARV (Master Mechanical) certification, passed the MASC's examination after September 7, 2013 (Corresponding classifications: Air Conditioning and Heating)
- **Exam Waiver/Reciprocity** applicants must have a license in good standing in a jurisdiction that administered the reciprocating exam. A list of Waiver/Reciprocity states and classifications may be found on the [Technical Exam Waiver Agreement](#) list.

Contact the state licensing board and have the [SC Examination Waiver](#) form completed. Mail the completed form in with this application. Copies of your license or exam results are not accepted.

If your existing license in one of these states was obtained by waiver or being grandfathered, you are **not eligible** to apply by waiver/reciprocity.

If your state is listed but your trade/classification is not listed, you are **not eligible** to apply by waiver/reciprocity.

**APPLICATION BY NON-TECHNICAL EXAM CLASSIFICATION**

There is no technical exam requirement for the classifications listed below. Applicants for these classifications must submit a [Work Experience Affidavit-Doc. 167](#) with the application. The Work Experience Affidavit should include 2 years of work experience that has been performed within the past 5 years for each classification you are applying. If you are a supervisor, submit hands-on work you supervised employees performing in the field. Commercial and residential experience is considered for some classifications, but only the Nonstructural Renovation classification can include only residential work experience.

- |                           |                |                    |
|---------------------------|----------------|--------------------|
| Nonstructural Renovations | Masonry        | Highway Incidental |
| Structural Shapes         | Railroad Lines |                    |

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



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**GENERAL AND MECHANICAL CONTRACTORS  
 PRIMARY QUALIFYING PARTY (PQP) AND QUALIFYING PARTY (QP)  
 INITIAL APPLICATION (DOC 168)**

This application is for initial applicants and applicants who have a certification that has been inactive for more than four years. If you are currently certified by the Board or you have a certification that has been inactive for less than four years and you need to make changes to your certification, please complete the [PQP/QP Revision Application - Doc. 181](#).

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**Submit with your application:**

- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of social security card
- Completed and notarized Verification of Lawful Presence form (attached)
- Legal Name Change Documents, if applicable
- Document 142 - Explanation of Yes Answer, if applicable
- Exam Score Sheets
- Official License Verification(s) from other states, if applicable
- Examination Waiver Form, if applicable
- Copies of MASC Certifications, if applicable
- QP Work Affidavit Form, if applicable

**REQUESTED STATUS**

Indicate both the capacity and licensing category that you will be serving as a qualifying party:

Primary Qualifying Party	Qualifying Party
General Contractor	Mechanical Contractor

**METHOD OF CERTIFICATION (Check one)**

If you apply by PSI/NASCLA Exam or by Non-Technical Exam Classification, you are required to complete the [Work Experience Affidavit – Doc. 167](#).

Technical Exam (PSI/NASCLA)	Exam Waiver/Reciprocity
MASC Certification	Non-Technical Exam Classification

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Maiden/Prior Name: \_\_\_\_\_  
 If yes, please submit legal documentation supporting the change.

Home Address (Physical): \_\_\_\_\_  
Street, City, State, Zip County

Mailing Address (if different) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Email Address (required): \_\_\_\_\_ Phone: \_\_\_\_\_



**OTHER LICENSES OR REGISTRATIONS**

Provide information on all other jurisdictions where you have been or are currently licensed as a general or mechanical contractor or licensed in a building related profession. Do not list individual municipalities if there is no statewide license. Attach official license verification issued by out-of-state licensing boards.

State/Jurisdiction	Type of License/Certificate (Include classification)	License No.	Original Issue Date	Expiration Date

**PERSONAL HISTORY QUESTIONS**

Answer all questions below. If you answer “Yes” to any of the questions, you are required to complete and submit [Document 142](#) “Explanatory Statement of Yes Answers.”

1. Have you ever been convicted, pled guilty or nolo contendere in the US or foreign country of a felony or the offense of forgery, embezzlement, obtain money under false pretenses, theft, extortion, or conspiracy to defraud or other like offense? YES NO

If yes, in addition to [Doc 142](#), a criminal background check must be provided from the state in which the conviction occurred along with the court disposition and any other pertinent documentation. For South Carolina criminal background reports contact SLED at [www.sled.sc.gov](http://www.sled.sc.gov). 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/](http://thepbsa.org/). All criminal background reports must not be older than thirty (30) days from the date of application.

2. Have you ever had a professional license or certificate denied, suspended, revoked or otherwise been disciplined in any state or jurisdiction, including South Carolina? YES NO

If yes, in addition to [Doc 142](#), official documentation related to the relevant disciplinary action must be provided.

3. Do you have any unresolved complaints or charges pending before any professional licensing board in South Carolina or any other state or jurisdiction? YES NO

If yes, in addition to [Doc 142](#), official documentation related to the relevant disciplinary action must be provided.

4. Do you have any outstanding monetary judgments related to construction, or have any bankruptcies? YES NO

If yes, in addition to [Doc 142](#), official documentation related to the monetary judgments, including the order of judgment or final disposition, and bankruptcies, as well as any payment plans that have been established to satisfy construction related monetary judgments, must be provided.

## ATTESTATION

A PQP is the qualifying party who has been designated by the applicant as the principal individual responsible for directing or reviewing work performed by the applicant in a particular classification or subclassification. To become designated as a PQP for a licensee, qualifying parties must certify that they meet the statutory requirement below:

- I certify that I am an integral part of the business and am actively involved in the management, supervision and operations for the work undertaken by the company for whom I am requesting my PQP certification.
- N/A, I am requesting to serve as an additional qualifying party.

**I certify that the information on this application is accurate, and I understand that inaccurate information may result in denial of my application to be a qualifying party as well as denial of the application of any contractor for which I may be agreeing to serve as primary qualifying party. I understand that as a certified qualifying party, I am not a licensed contractor and cannot do any work requiring licensure pursuant to the South Carolina Contractor’s Licensing Board statutes and regulations.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.



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### WORK EXPERIENCE AFFIDAVIT (DOC. 167)

A notarized work experience affidavit must be completed by all primary qualifiers regardless of method of certification. A notarized work experience affidavit must also be completed by new qualifiers and current qualifiers adding a new classification if you are applying by exam or non-technical classifications. No affidavit is necessary if you are requesting certification as a qualifying party via Waiver/Reciprocity/MASC Certification. Make copies of this page, as necessary.

Primary qualifiers may substitute a notarized affidavit of work experience for this form. Qualifying parties may substitute this form by submitting a notarized resume or notarized letters of reference from licensed contractors, customers, owners, employers, etc. Resumes and letters must describe in detail the work you performed in each field/classification you are applying. Dates must be included in the correspondence to add up to the total of at least two years of commercial work experience within the past 5 years.

Primary Qualifier/ Qualifying Party Name: \_\_\_\_\_

Company name for whom you will be acting as a qualifying party: \_\_\_\_\_

**JOB NAME/ PROJECT NAME:** \_\_\_\_\_

Classification(s): \_\_\_\_\_ Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person (Owner or Customer work was performed for): \_\_\_\_\_

Contact Person's address, phone and/or email: \_\_\_\_\_

Describe Job Duties (Must describe proof of experience):

**JOB NAME/ PROJECT NAME:** \_\_\_\_\_

Classification(s): \_\_\_\_\_ Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person (Owner or Customer work was performed for): \_\_\_\_\_

Contact Person's address, phone and/or email: \_\_\_\_\_

Describe Job Duties (Must describe proof of experience):

**JOB NAME/ PROJECT NAME:** \_\_\_\_\_

Classification(s): \_\_\_\_\_ Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person (Owner or Customer work was performed for): \_\_\_\_\_

Contact Person's address, phone and/or email: \_\_\_\_\_

Describe Job Duties (Must describe proof of experience):

**JOB NAME/ PROJECT NAME:** \_\_\_\_\_

Classification(s): \_\_\_\_\_ Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person (Owner or Customer work was performed for): \_\_\_\_\_

Contact Person's address, phone and/or email: \_\_\_\_\_

Describe Job Duties (Must describe proof of experience):

I, the qualifying party applicant listed below, affirm that all information and statements contained in this Work Experience Affidavit are true and correct to the best of my knowledge and belief. I understand that false or incorrect information may result in denial of my application to be a qualifying party, the cancellation or denial of a license for any contractor for which I am agreeing to serve as a qualifying party and may be subject to civil and criminal proceedings.

**Qualifying Party Applicant Name (Print):** \_\_\_\_\_

Signature: \_\_\_\_\_ Title \_\_\_\_\_

SWORN to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature: \_\_\_\_\_

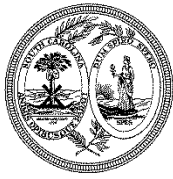
Print Name: \_\_\_\_\_

Seal

Notary Public for: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_





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)