

## 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 • <u>Contact.CLB@llr.sc.gov</u> • Fax: 803-896-4814 llr.sc.gov/clb

## 2019 – 2021 MECHANICAL CONTRACTOR'S RENEWAL FORM (Doc 175)

#### Before you renew:

Complete the Revision Application (Doc 180) if you need to:

- add or change your primary qualifying party(s) or qualifying party(s);
- need to change your currently licensed name but you are keeping the same business type/ style and Federal ID/ SSN;
- add or change a classification; and/or
- request an upgrade.

DO NOT RENEW if you have changed your business type. You need to complete a new application (DOC 165).

### **Requirements and Instructions:**

• Renewal / Late Fees:

Postmarked 10/31 or before: \$135

Postmarked 11/01 - 11/30: Late Fee \$100 + Renewal Fee \$135 = \$235

Postmarked 12/01 - 12/31: Late Fee \$150 + Renewal Fee \$135 = \$285

Postmarked 01/01/20 - 01/31/20: Late Fee \$200 + Renewal Fee \$135 = \$335

After January 31st your license is lapsed and must be reinstated.

• **Financial Statement or Surety Bond** - All Groups are required to submit a financial statement dated no more than 12 months prior to the date of the renewal application or a valid surety bond to renew a license.

### Include with the application:

- Application fee in the amount of \$135 in the form of a check or money order (no cash) made payable to SCCLB (All 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.)
- All groups must submit a Financial Statement or Surety Bond/ Bond Continuation form in the amount applicable to your current net worth.

LICENSEE INFO	RMATION		License Number:
Licensee/Legal Name:	·		
Doing Business As (D	BA): (If different fron	n legal name)	
Mailing Address:			
	PO Box/Street	City	State Zip
Business Address:			
	Street	City	State Zip
Business Phone:			Fax:
Email (required):			
Authorized Repres	entative responsibl	e for completing thi	his renewal application form:
Name:			Title:
Contact Number:			

FINANCIAL STATEMENT / SURF How will you qualify for this renewal period?		<b>ION</b> □ Surety Bond					
If by Surety Bond: Required Bond Amounts: Group 1: \$7,000 Group 2: \$20,000 Group 3: \$40,000 Group 4: \$80,000 Group 5: \$400,00							
If a surety bond is not on file with the Board a valid surety bond must be attached with the renewal application. If the surety bond on file is about to expire, attach the continuation certificate or a new surety bond.							
Name of Surety Company:	Bond Number:						
Bond Amount:	Expiration Date:						
If by Financial Statement: Financial Statement Net Worth Requireme Group 1: \$3,500 Group 2: \$10,000 Group		9,000 Group 5: \$200,000					
<b>Group 1 and 2</b> may be an owner prepared financial statement with an affidavit of accuracy using DOC #172. Financial Statement must be dated no more than 12 months prior to the date of the renewal application.							
<b>Group 3 and 4</b> may be an owner prepared financial statement with an affidavit of accuracy using DOC #172 or a financial statement compiled by a licensed CPA or licensed PA in accordance with GAAP, including all disclosure by GAAP. Financial Statement must be dated no more than 12 months prior to the date of the renewal application.							
<b>Group 5</b> must be a reviewed financial statement from a licensed CPA or licensed PA prepared in accordance with GAAP, including all disclosures required by GAAP. Financial Statement must be dated no more than 12 months prior to the date of the renewal application.							
PRIMARY QUALIFYING PARTY(S) AND QUALIFYING PARTY(S)  Confirm the primary qualifying party(s) and qualifying party(s) that you currently have on file. If you need to make a change you must first complete the Revision Application before renewing. You are required to have a primary qualifying party on file for each licensed classification. The primary qualifying party (s) must be a full-time employee in a responsible management position. Attach an additional sheet if needed.							
Qualifier Name	Classification/ Sub- Classification	Confirm if employee is a primary qualifying party or qualifying party.					
Example: Joe Contractor	Heating	Primary Qualifying Party					
Example: Jerry Contractor	Heating	Qualifying Party					

## **DISCIPLINARY QUESTIONS**

If any person or entity answers yes to the below questions, a written explanation and official documentation of pending actions or dispositions must be provided by that person or the entity's authorized agent.

1.	Since you last renewed (or if this is your first renewal, since your initial licensure), has the entity owner/president, or any qualifying party been convicted, pled guilty or nolo contendere in the U.S. or foreign country of the offense of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, or conspiracy to defraud or other like offense, a felony or a crime involving moral turpitude? (If yes, a criminal background report must be submitted for any applicable crime which resulted in this positive response.)	Ţ,	□ No
2.	Since you last renewed (or if this is your first renewal, since your initial licensure), has the entity owner/president, or any qualifying party had a license or certificate denied, suspended, revoked, or otherwise been disciplined in South Carolina or any other state or jurisdiction (i.e. a citation, consent agreement, final order, or a Cease and Desist Order)?	yes ☐ Yes	□ No
3.	Since you last renewed (or if this is your first renewal, since your initial licensure), has the entity owner/president, or any qualifying party had any outstanding monetary judgments related to construction?	yes □ Yes	□ No
4.	Since you last renewed (or if this is your first renewal, since your initial licensure), has the entity owner/president, or any qualifying party had unresolved complaints or charges pending before any professional licensing board in South Carolina or any other state or jurisdiction?	yes ☐ Yes	□ No
Sir ow	AWFUL PRESENCE INFORMATION nce you last renewed (or if this is your first renewal, since your initial licensure), has the yner/president OR any qualifying party had a change in their lawful presence?	□Yes	□ No
CI The Fun	ERTIFYING STATEMENT  e undersigned affirms responsibility that all information and statements contained herein are true in surther, the undersigned takes responsibility that required additional explanation and documentation will eady provided with this renewal application.		
Sig	gnature Title Date		

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.