



South Carolina Department of Labor, Licensing and Regulation
South Carolina Liquid Petroleum Gas Board
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1847
 Phone: 803-896-5571 • contactllr@llr.sc.gov • Fax: 803-896-9651
 llr.sc.gov/lp

Application for a LP Gas Employee Permit

An examination must be completed through PSI Examination Services prior to applying with the Board. Please contact them directly: www.psiexams.com or 1-800-733-9267 to schedule your examination.

INSTRUCTIONS

Submit the following with your application to the above address:

- Payment by Check, Money Order, or Credit Authorization Form only, in the amount of \$50 made payable to LP Gas Board for initial licensure. **Fee is non-refundable. NO CASH IS ACCEPTED.** A fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- PSI "Pass" Examination Result Report
- Copy of your valid Driver's License, State Issued ID or Passport
- Copy of your social security card.
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable

APPLICANT INFORMATION

Full Name: _____ Maiden: _____

Home Address: _____ County: _____
(Street, City, State & Zip)

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ Gender: Male Female

CHECK ONE: Mail all correspondence to: Employer Home

Employer: _____ License Number: _____

Address: _____ County: _____
(Street, City, State & Zip)

Business Phone: _____ Fax: _____

Employment Start Date: _____

PERSONAL HISTORY

Answer all the questions below; you are required to include a written statement with your application for any questions marked "Yes." If you answer "Yes" to question #1; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.).

1. Have you ever been convicted, pled guilty or pled nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? Yes No
2. Have you ever had any professional license denied, suspended, restricted, revoked, or surrendered or have you ever been disciplined by an occupational licensing authority in this or any other state or jurisdiction? Yes No

Payment Information (Check)
 Check #: _____

If payment is by VISA or MasterCard, complete and attach Credit Card Authorization form.

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.

AFFIDAVIT

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalties of perjury that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial, suspension or revocation of my license.

Applicant Signature

SWORN before me this ____ day of _____, 20_____.

Notary Signature: _____

Notary Seal Here

Print Name: _____

Notary for the State of: _____

My Commission Expires: _____

Each permit is valid for a period of two (2) years and must be renewed before it expires. If your employment status changes, please notify the Board office within ten (10) business days. **The individual completing this application is responsible for maintaining and renewing their permit, this is not the responsibility of the employer.**



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)



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VISA/MASTERCARD PAYMENT FORM

To make payment by VISA/MasterCard, please complete the following information and mail or fax to:

Liquefied Petroleum Gas Board
 South Carolina Department of Labor, Licensing, & Regulation
 110 Centerview Drive
 PO Box 11329
 Columbia, SC 29210
 Fax: 803-896-9651

 Billing Address

 Company Name

Telephone No: _____

Fax No: _____

 Print name as it appears on credit card

Email Address: _____

Type of card: MasterCard VISA

Expiration Date: _____

 Credit Card Number

 Authorized Signature

(FORM IS NOT VALID WITHOUT AUTHORIZED SIGNATURE)

Description	Fee Amount

Do you need a receipt? YES NO