



## MANUFACTURED HOME CONTRACTOR/REPAIRER/ INSTALLER APPLICATION

Applicant is required to have at least 2 years relevant experience. Mandatory training and testing for new contractors, repairers and installers is required. Training is provided by the Manufactured Housing Institute. Contact the Institute at: 703-558-0400 or [www.manufacturedhousing.org](http://www.manufacturedhousing.org).

An examination must be completed through PSI Examination Services. Contact PSI at 1-800-733-9267 or visit <http://www.psiexams.com>.

**Include with application:**

- Check or money order for the application fee of \$100 made payable to SCMHB.  
(A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Copy of your valid driver's license, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable.
- Statewide Criminal Background check(s) from every state in which you have resided for the past seven (7) years
- A credit report
- Proof of registration with the South Carolina Department of Revenue
- \$5,000 Surety Bond made payable to the SC Manufactured Housing Board
- PSI Exam Report
- Certificate of successful completion for contract, repairer or installer training

**Select one:**

- Contractor
- Repairer
- Installer

SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name?  No  Yes Prior Name: \_\_\_\_\_  
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than above)

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  Female  Male  
(For statistical purposes only) (For statistical purposes only)

**COMPANY INFORMATION**

Company Legal Name: \_\_\_\_\_

DBA "Doing Business As" Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SC Department of Revenue Identification No.: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

Is this a corporation?  Yes  No If Yes, give the state of the incorporation: \_\_\_\_\_

List the names of the individual principal officers and their percent of business ownership. Also list the name(s) of any other individual(s) who has 5% or more financial interest in the business.

NAME	% OWNERSHIP	TITLE	YEAR OF BIRTH

If this is not a corporation, have you complied with the laws of South Carolina regarding qualifications for doing business in this state?  Yes  No If No, explain: \_\_\_\_\_

Is this a Partnership?  Yes  No Is this a Sole Proprietorship?  Yes  No

If applicable, attach a copy of the Articles of Incorporation or Partnership Agreement.

Has your entity ever been previously licensed by this Board?  Yes  No

If Yes, provide license number. If license is not current, give reason why, i.e., revoked, lapsed, suspended, cancelled or surrendered:

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

List the past seven (7) years employment history. You are required to list the termination date and reason for leaving. You may attach an additional sheet if needed.

EMPLOYER NAME	OFFICE ADDRESS	REASON FOR LEAVING	FROM - TO (mo/yr)	POSITION TITLE

**RECORD OF LICENSURE**

List **any and all** licenses, certification or registration applicant currently has or have possessed by another regulatory agency in or outside of SC (include prior licensure with the Manufactured Housing Board).

STATE	TYPE OF LICENSE	DATE OF LICENSURE	LICENSE NO.	EXPIRATION DATE	STATUS OF LICENSE (Active, Lapsed, Suspended, etc.)

**PERSONAL HISTORY**

Have you or any partner or officer, within the past seven (7) years, been found guilty, pleaded guilty or entered a plea of nolo contendere in this or any other state for any crime of moral turpitude, or been convicted of a felony or of a violent crime as defined in S.C. Code Section 16-1-60?  Yes  No

**CERTIFICATION**

I, \_\_\_\_\_, am the person described and identified, above and the person named in documents in support of this application. I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_ (SEAL)

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

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

**PRIVACY DISCLOSURE**

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.

*Note: Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application form and fee.*



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)