



MANUFACTURED HOME RETAIL/MULTI-LOT SALESPERSON APPLICATION

You are required to attend training prior to applying for licensure. Please contact the South Carolina Manufactured Housing School of Licensing for questions or course registration at: schoolofmh@gmail.com. More information can also be found here: <https://mhisc.com/pre-lic/>

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

Include with application:

- Application fee in the form of a check or money order in the 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.
- SLED background check. Contact www.sled.sc.gov or (803) 737-9000.
- Statewide Criminal Background check(s) from every state in which you have resided for the past seven (7) years
- PSI Exam Report
- Certificate of successful completion for salesperson/multi-lot salesperson training
- \$15,000 Surety Bond made payable to the SC Manufactured Housing Board

Select One:

- \$50 Retail Salesperson
- \$100 Multi-Lot Salesperson

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

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Have you ever legally changed your name? Yes No Former 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)

Phone: _____

Email: _____

Date of Birth: _____

Social Security No.: _____

Race: _____
(For statistical purposes only)

Gender: Female Male
(For statistical purposes only)

Have you maintained a residence or street address in South Carolina for at least thirty (30) days before the date of this application? Yes No

PRINCIPAL DEALER/EMPLOYER INFORMATION

Business Name: _____ **Dealer License No.:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Physical Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

LOT LOCATIONS (For Multi-Lot Salespersons only)

List all the dealer lot locations you will be assigned:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

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.

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

RECORD OF LICENSURE

List **any and all** licenses, certification or registration you currently 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

- 1. Have you within the past seven (7) years been convicted of, pleaded guilty or entered a plea of nolo contendere in this state or any other jurisdiction for forgery, fraud, embezzlement, obtaining money under false pretenses, extortion, conspiracy to defraud, bribery, any crime of moral turpitude, or been convicted of felony or of a violent crime as defined in S.C. Code Section 16-1-60?
 Yes No If Yes, give details: _____
- 2. Have you had any professional or occupational license canceled, revoked, suspended or otherwise disciplined or any such disciplinary now pending?
 Yes No If Yes, give details: _____

CERTIFICATION

I, _____, am the person described and identified, of good moral character, and the person named in all 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’s Representative

Date

Sworn and subscribed before me this ____ day of _____, 20____.

Notary Signature: _____

Print Notary Name: _____ (SEAL)

Notary Public for the State of: _____

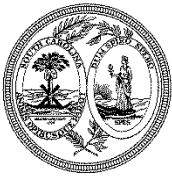
Commission Expiration Date: _____

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.

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)