



South Carolina Department of Labor, Licensing and Regulation
South Carolina Residential Builders Commission

110 Centerview Dr. • Columbia • SC • 29210

Mailing: PO Box 11329 • Columbia • 29211

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4696 • Contact.RBC@llr.sc.gov • Fax: 803-896-4814
 llr.sc.gov/res

**2020-2021 RENEWAL APPLICATION FOR
 CERTIFICATE OF AUTHORIZATION (COA)**

Include with application:

- Application fee in the amount of \$100 in the form of a check or money order (no cash) made payable to SC Residential Builders Commission. (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.)

Requirements:

- All certificates are renewable on July 1 of each year, regardless of when the COA is issued.
- It is the firm’s responsibility to notify this office of any changes of address or employment.
- All applicants must obtain an executed surety bond on the current bond form in the sum of fifteen thousand dollars (\$15,000) in the firm’s name according to Section 40-59-410 (B)(2).

FIRM INFORMATION

The information requested in this section relates to the firm seeking a certificate. This certificate authorizes the firm to engage in an occupation regulated by the Commission.

Applicant/Legal Name: _____

Doing Business As (DBA): (If different from legal name) _____

Mailing Address: _____
 PO Box/Street City State Zip

Business Address: _____
 PO Box/Street City State Zip

Business Phone: _____ Fax: _____

Email: _____

Business Type: General Partnership Corporation LLC Limited Partnership
 Other: (Specify) _____

OWNERSHIP

Name(s) of Owner(s)/Partner(s)/Principal Officer(s)	Title

“RESIDENT LICENSEE IN RESPONSIBLE CHARGE” INFORMATION

The applicant must have at least one individually licensed person to serve as a resident licensee in responsible charge of each branch and supervise the field and office building work or services provided from that branch. This must be a licensed home builder, licensed home inspector, a licensed specialty contractor or registered specialty contractor depending on the nature of the firm’s activities. The resident licensee in charge means a licensed practitioner who spends a majority of each normal workday working out of a principal or branch office and who is in responsible charge of the office and the services provided from that office including, but not limited to, responsibility for applying for any building permits for the firm.

Name	License or Registration No.	Office Location

BACKGROUND INFORMATION

To be answered regarding the firm for occurrences since the firm’s last renewal (or since the initial certificate issuance if this is the first renewal). Any question answered “yes” must be fully explained. Attach documents and/or a written explanation on a separate page for each “yes” answer.

1. Within the last year, has the firm had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted or disciplined by any federal or state authority or contracted without a proper license? Yes No
 If yes, list profession and jurisdiction: _____
2. Is any investigation or disciplinary action currently pending against the firm? Yes No
3. Within the last year, was the firm issued a Cease and Desist Order for unauthorized practice? Yes No
4. Within the last year, has the firm been found by a court or registration board to have violated any federal, state or local law? (If yes, provide the dates and details of the violation.) Yes No
5. Within the last year, was the firm licensed or registered in any other state? Yes No
6. Within the last year, has the firm received any notice of any final judgment, liens or claims of any kind filed against it? Yes No

STATEMENT OF AUTHORIZED COMPANY REPRESENTATIVE

I affirm that I am authorized to execute this application on behalf of the business entity applicant. All statements contained herein are true and correct to the best of my knowledge, and if not made of personal knowledge, have been made after reasonable diligence to determine the accuracy of the information provided.

 Authorized Company Representative Signature Title Date

 Print Name