



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

www.llr.sc.gov/POL/ResidentialBuilders/



RESIDENTIAL SPECIALTY LICENSE ONLINE APPLICATION INSTRUCTIONS (Electrical, HVAC or Plumbing)

Allow 7-10 business days from the date of receipt before checking your application status at
www.llr.sc.gov/pol/residentialbuilders.

This license may be obtained without an examination if the applicant is a current licensed SC Residential Home Builder, SC Commercial Mechanical Contractor in the required field; or has a Master License issued by examination from the Municipal Association of SC.

Application Instructions (Before taking the exam)

Below forms/documents needed for the online application. You may upload directly to the application or mail in to our office:

- Submit the \$135 application fee
- Upload a copy of your driver's license or other secure and verifiable document.
- Upload a copy of social security card.
- Upload Notarized Affidavit (Signature Affidavit).
- Upload a completed and notarized Verification of Lawful Presence Form.
- Copies of W2's and/or 1099's from employer who will be filling out your affidavit of experience.
- Certifications, transcripts, resume's and any other supporting documentation of work experience in the trade applied for.
- Copies of licenses from other states and Verification of Licensure from the states you hold licenses in the trade applied for.
- Include written explanation(s) for any "Yes" answer(s) for questions in the "General Information" section of the application and include any supporting documentation.
- If you answer "Yes" to any question(s) pertaining to an arrest and/or conviction, you must remit a Statewide Background Check from the state where the incident occurred in a sealed envelope from the state agency along with your written explanation.
- A credit check will be run on all applicants and a public index search may be completed.

Examination Instructions

PSI Examination Services (PSI) administers required examinations. Please visit their website to find out information on registration and exam locations: www.psiexams.com. Exam fees are paid directly to PSI.

There are examination preparatory courses and seminars that are offered by individuals, businesses and community colleges; the Residential Builders Board does not sponsor, approve or recommend any of these entities, preparatory courses or seminars.

Post Exam Application Instructions

After passing the exam, mail in the following:

- Residential Specialty License Fee (License renew every odd numbered year.)
 - **\$220** if the license is issued on or between July 1, odd-numbered year to June 30, even-numbered year
 - **\$110** if the license is issued on or between July 1, even-numbered year to June 30, odd-numbered year
- Exam Score Report
- Completed License Bond (Must be typed – handwritten bonds are not accepted) If and when work to be performed is \$5,000 and over, you must submit a surety bond (attached) in the amount of \$10,000. Handwritten bonds are not accepted.

Please have your insurance provider go to:

<https://www.llr.sc.gov/POL/ResidentialBuilders/PDF/LICENSE%20BOND.pdf> for the fillable bond form.

For a list of authorized bonding companies, please go to:

<https://www.llr.sc.gov/POL/ResidentialBuilders/PDF/Companies%20with%20Surety%20Authority%20in%20SC.pdf>

NOTARIZED AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating and Federal, State, Municipal or other law, statue or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Signature of Applicant _____
Date

Sworn and Subscribed before me this _____ day of _____, 20_____

Notary Signature _____
Print Name

Notary Public For _____
Commission Expiration Date

You can submit this page by either attaching it to the online application under the “Uploads” section OR by mailing this page to the Board. The mailing address for the Board is:

**SC Residential Builders Commission
PO BOX 11329
Columbia, SC 29211**

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.



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)



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

PROOF OF OWNERSHIP AFFIDAVIT

This document is required to verify that a Certificate of Authorization is not required pursuant to Section 40-59-410.

Please provide Certificate of Existence/Authority from the SC SOS office, and Articles of Organization from the SC SOS office, Proof of Ownership for the company (if registered).

I, _____, have no written documentation of ownership interest to provide to the Residential Builders Commission, but I attest and affirm that I have _____% ownership in (Company Name) _____.

Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20 _____.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

{Seal}