



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: 803-704-6771  
llr.sc.gov/res

## **HOME INSPECTOR EXPERIENCE AFFIDAVIT INSTRUCTIONS**

Home Inspector applicants may qualify for licensure by demonstrating a minimum of one year of experience as a home inspector under the direction and direct supervision of a licensed home inspector, residential builder, general contractor, engineer, or architect (Regulation 106-4).

The Commission verifies experience by requiring applicants to submit documentation from previous or current supervisors or employers.

**Employer/Supervisor:** Please fill out the attached Home Inspector Experience Affidavit, attesting to the applicant's experience.

All completed Experience Affidavits should be included with the initial application package.

### **Information and Instructions:**

- If the applicant is seeking to qualify for licensure by demonstrating a minimum of one year of experience as a home inspector under the direction and supervision of a licensed home inspector, residential builder, general contractor, engineer, or architect, providing proof of required experience ensures a timely review of the application. Failure to provide adequate experience verification may result in a delay in a determination regarding the applicant's licensure application. It is imperative for the applicant and supervisor (experience verifier) to ensure all forms are accurate and complete.
- The Commission may contact individuals to verify the listed experience. All contact information listed on the form should be up to date, and the individual completing the form must have been appropriately licensed during the period of supervision.
- A separate form should be submitted for each employer/ supervisor.
- If seeking to qualify for licensure by demonstrating a minimum of one year of qualifying experience, in addition to the attached form, the applicant must provide proof of employment history (i.e., copies of W2's and/or 1099s) with their application packet.
- The Experience Affidavit is a fillable document. It should be downloaded and saved to a computer before completing. Completed affidavits must be legible to be considered.



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### **HOME INSPECTOR EXPERIENCE AFFIDAVIT**

**This form is a fillable document. You should download and save to your computer before completing.**

**All Experience Affidavits should be submitted with the initial application for licensure.**

Applicant's Name ("Applicant"): \_\_\_\_\_

Regulation 106-4 provides, in part, that an applicant may satisfy the education/experience requirements for licensure by demonstrating that the applicant has "a minimum of one year of experience as a home inspector under the direction and direct supervision of a licensed home inspector, residential builder, general contractor, engineer, or architect."

**IMPORTANT: This form must be completed by the employer/supervisor. Falsification of information may be grounds for disciplinary action against a licensee. The individual completing the form must have been licensed as a home inspector, residential builder, general contractor, engineer, or architect during the dates of supervision being attested to.**

### **EMPLOYER/SUPERVISOR INFORMATION**

Supervisor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
(if applicable)

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

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

State of Licensure: \_\_\_\_\_ License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Date of initial license: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Status of License: \_\_\_\_\_

Dates of Home Inspecting Supervision: \_\_\_\_\_  
MM/YY-MM/YY

### **EMPLOYER/SUPERVISOR ATTESTATION**

I, \_\_\_\_\_, do solemnly swear or affirm under penalty of perjury that \_\_\_\_\_ worked under my supervision in the field of home inspecting during the period listed above and that I was duly licensed during that period.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Notary Signature: \_\_\_\_\_

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

{Seal}

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

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