



South Carolina Department of Labor, Licensing and Regulation
South Carolina Residential Builders Commission
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LICENSEE IN RESPONSIBLE CHARGE AFFIDAVIT

I, _____, the undersigned, being duly sworn,
affirm under oath that I am licensed/registered with the South Carolina Residential Builders
Commission as a:

Residential Builder

Residential Specialty Contractor

Residential Home Inspector

I am a/an:

corporate officer

principal owner

employee

of (Name of firm) _____ and have been serving as the

Residential Licensee in Responsible Charge of (Name of firm) _____

at (location of business or branch office) _____

since (date) _____.

I affirm that I have read, understand and meet all criteria necessary to serve as a resident licensee in responsible charge for a firm applying to receive a residential business Certificate of Authorization (COA) as set forth in S.C. Code Ann. § 40-59-400 et seq. I understand that this designation makes me responsible to ensure that the firm's residential home building, residential specialty contracting or home inspecting services comply with South Carolina law. I further state that I am not designated as the resident licensee in responsible charge for any other firm or business in the State of South Carolina. In the event that I cease to serve as the resident licensee in responsible charge, I shall provide written notice to the Commission within thirty (30) days of such change as required by S.C. Code Ann. § 40-59-230(C). I hereby authorize the Commission to verify and investigate any and all information in this Affidavit. I understand that attesting to false or incorrect information may result in the denial of the COA, disciplinary action against my license/registration, or such other relief as allowed by law to include pursuit of civil and criminal proceedings or other lawful remedies.

Signature of Licensee in Responsible Charge

SC License/Registration No.

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

Notary's Signature: _____

Print Notary Name: _____

{Seal}

Notary for the State/Commonwealth of: _____

My Commission Expires: _____