



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

## **RESIDENTIAL BUILDER LICENSE APPLICATION REQUIREMENTS AND INSTRUCTIONS**

This application is for initial licensure applicants and applicants who have a license that has been lapsed for more than three years. If you would like to apply for reinstatement of a license that has been lapsed for less than three years, please complete the [Residential Builder Reinstatement Application](#).

### **METHODS OF LICENSURE**

#### **LICENSURE BY EXAM**

Work experience must be verified and approved before you are made eligible for the exam. An applicant must show a minimum of one year's experience performed within the past five (5) years in residential building.

Copies of W2s and/or 1099s from employers should be provided with the application. The Residential Builder Experience Affidavit form must be completed by each supervisor/employer listed under the work experience section of this application. If the information on the application does not match the Residential Builder Experience Affidavit(s), your application will be returned for corrections.

If the required experience documentation cannot be provided or you do not have the required experience, you should provide a detailed written explanation summarizing your relevant work experience. You may also include additional supporting documentation for the Commission's consideration. Failure to provide documentation with adequate experience may result in a delay in a determination regarding your application.

**Residential Builder Exam:** PSI Examination Services (PSI) administers the Commission's required examinations. Please visit their website for additional information about exam preparation, exam references and exam locations: <https://test-takers.psiexams.com/scrb/>. Exam fees are paid directly to PSI.

Once approved to sit for the examination, your examination eligibility is valid for one year and you are allowed only three (3) attempts to pass the exam within a twelve (12) month period. You must pass both the Business Management and Law exam and the Residential Builder technical portions of the exam. If you do not pass both portions of the exam within the twelve (12) month period, you will be required to reapply. If you fail the exam three (3) times, you will be required to wait twelve (12) months from the last date you failed the exam before you will be authorized to take the exam again. Additional information about examination eligibility and completing the post exam application process will be sent to all approved applicants.

#### **LICENSURE BY EXAM WAIVER**

A Residential Builder who receives their license by technical exam waiver is **not** qualified to perform work in the mechanical trades and will have a limited license (RB Exam Waiver) issued. RB Exam Waiver licensees must subcontract with an appropriately licensed person or company to perform any of the mechanical trades on a project. To perform the mechanical trades, you must apply for licensure by examination.

The Residential Builder license may be obtained without the required technical portion of the examination if the applicant meets one of the requirements below. Work experience requirements and the Business Management and Law portion of the exam are still applicable.

- Is a currently licensed SC General Contractor with either the Building (BD) classification or Limited Building (LB) classification. General Contractor applicants must have a license in good standing that has been active for one year or longer and was obtained by examination. Commission staff will verify this information internally as part of the application process.
- Has a current license in the eligible state that must have been obtained by examination for one year or longer. Grandfathered licensees do not qualify for an exam waiver. A Verification of Licensure should be sent directly to the SC Residential Builders Commission via mail or email from the issuing state.
  - Alabama
  - Georgia
  - Louisiana
  - Mississippi
  - North Carolina
- Has passed the NASCLA Commercial General Building Contractor exam within the past 3 years. A copy of your exam transcript should be included with your application.

## **ADDITIONAL REQUIREMENTS AND INSTRUCTIONS**

### **CREDIT REPORT/OUTSTANDING JUDGMENTS** ([Section 40-59-250](#))

An applicant is required to submit a copy of their credit report dated no more than 30 days before the application date. TransUnion, Equifax or Experian credit reports are accepted. Credit reports are reviewed for liens and outstanding judgments.

### **COMPANY INFORMATION**

Company information is only required if you intend to operate under the company name. If the company was incorporated in South Carolina, attach a copy of the Certificate of Existence (or Good Standing) from the SC Secretary of State. If the company was incorporated in another state, then attach a copy of the Certificate of Authority from the SC Secretary of State. Regardless of where the company was incorporated or organized, attach copies of the Articles of Incorporation or Organization and documentation establishing percentage of ownership in the company.

The names and information of all affiliated companies you will work under should be provided. You must own 51% of the company in order to list it on your license.

If you do not own at least 51% of the company, the company will need to apply for a Certificate of Authorization.

### **LICENSE BOND**

A Surety Bond in the amount of \$15,000, with the power of attorney attached and the individual's name listed as principal (Cannot be in the name of a company or business name.) must be submitted. Handwritten bonds are not accepted.

Please direct your insurance provider to the fillable [bond form](#), which is also available on the Commission's website. A list of authorized SC bonding companies can be found [here](#). Please note this is not a comprehensive list and is only intended as a resource.



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## RESIDENTIAL BUILDER LICENSE APPLICATION

### Include with Application:

- Check or Money Order in the amount of \$135 for the application fee made payable to SCRBC. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. All fees are non-refundable.
- Copy of your Driver's License, State Issued ID, Passport or Military ID.
- Copy of Social Security card.
- Copy of your complete credit report, we accept TransUnion, Equifax or Experian.
- Copies of W2's and/or 1099's from each employer/supervisor who will be filling out an Experience Affidavit for you.
- Residential Builder Experience Affidavit for each employer/supervisor verifying your work experience.
- Certifications, transcripts, resumes and any other supporting documentation of work experience in residential building.
- Notarized Verification of Lawful Presence Form (attached)  
*In accordance with S.C. Code of Laws Section 8-29-10 and a SC Attorney General Opinion dated March 3, 2014, DACA status recipients are not eligible to receive a professional license in South Carolina.*
- Legal name change documentation, if applicable
- Certificate or documentation of completed apprenticeship, if applicable.
- [Explanatory Statement of "Yes" Answer Form](#) and Documentation for "Yes" Answers, if applicable
- Certificate of Existence/Authorization and Articles of Incorporation, if applicable
- Proof of NASCLA Commercial General Building Contractor exam passage (copy of transcript), if applicable.

### Have sent from agency/entity directly to the Commission via mail or email:

- License Verification from out-of-state, if applicable

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever had a legal name change? ☐ Yes ☐ No Prior/Maiden Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
Enter the full, physical home address

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

## COMPANY INFORMATION

Company information is only required if you intend to operate under the company name. If the company was incorporated in South Carolina, attach a copy of the Certificate of Existence (or Good Standing) from the SC Secretary of State. If the company was incorporated in another state, then attach a copy of the Certificate of Authority from the SC Secretary of State. Regardless of where the company was incorporated or organized, attach copies of the Articles of Incorporation or Organization and documentation establishing percentage of ownership in the company. Attach an additional sheet if needed.

If you do not own at least 51% of the company, the company will need to apply for a Certificate of Authorization.

Company Legal Name and DBA: \_\_\_\_\_

Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

☐ Other (Specify): \_\_\_\_\_

List names of principal owners/executive officers, title, ownership percentage.

Self: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

## EXAMINATION WAIVER QUESTIONS

A Residential Builder who receives their license by technical exam waiver is **not** qualified to perform work in the mechanical trades and will have a limited license (RB Exam Waiver) issued. RB Exam Waiver licensees must subcontract with an appropriately licensed person or company to perform any of the mechanical trades on a project. To perform the mechanical trades, you must apply for licensure by examination.

1. Do you want to apply by Exam Waiver?

YES NO

If yes:

a. Have you held an active and in good standing SC General Contractors License for the past year with either the Building (BD) classification or Limited Building (LB) classification?

YES NO

If yes, License Number: \_\_\_\_\_

b. Do you hold a current license in an eligible exam waiver state that was obtained through examination for one (1) year or longer and is currently in good standing?

YES NO

If yes, State: \_\_\_\_\_ License Number: \_\_\_\_\_

You will need to contact the state board and have an official license verification mailed or emailed directly to the SC Residential Builders Commission.

c. In the past three (3) years have you taken and passed the NASCLA Commercial General Building Contractor exam?

YES NO

If yes, forward a copy of the transcript with your application.

## APPRENTICESHIP

1. Have you completed a United States Department of Labor-approved and registered apprenticeship or an industry recognized apprenticeship as a residential builder? YES NO

**If yes:**

Name of Apprenticeship Program: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Dates of Apprenticeship: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## WORK EXPERIENCE INFORMATION

This section must be completed by all applicants. If you would like to provide additional documentation related to your experience and education, please submit that information with your application packet.

1. Do you have a minimum of one year's experience within the past five (5) years in residential building? YES NO

If not, on an additional sheet, please provide a detailed written explanation summarizing your relevant work experience. You may also include additional supporting documentation for the Commission's consideration. Failure to demonstrate one (1) year of residential building experience in the past five (5) years may delay a determination regarding your application.

2. Please complete the information below. If needed, attach an additional sheet. This information should match the Residential Builder Experience Affidavit form(s) completed by your employer(s)/supervisor(s).

EMPLOYER/ SUPERVISOR NAME	LICENSE # OF EMPLOYER	DATES OF EMPLOYMENT	POSITION TITLE	TYPE OF WORK PERFORMED

## PERSONAL HISTORY QUESTIONS

A written explanation must be provided on the [Explanatory Statement of "Yes" Answer Form](#), including any supporting documentation.

1. Have you ever been denied a license to practice as a residential builder or any similar occupational or professional license? YES NO
2. Have you ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted, or disciplined by any federal, state or local authority or contracted without a proper license? YES NO
3. Is any investigation or disciplinary action currently pending against you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder? YES NO

- |   |     |    |
|---|-----|----|
| 4. Have you or an organization of which you are or were an officer, principal, qualifying party or major shareholder ever been issued a Cease-and-Desist Order for unauthorized practice during the time you were associated with the organization? | YES | NO |
| 5. Have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)?   | YES | NO |

If yes, in addition to [Explanatory Statement of Yes Answer form](#), a criminal background check must be provided from the state in which the conviction occurred, along with the court disposition and any other pertinent documentation. For South Carolina criminal background reports contact SLED at [www.sled.sc.gov](http://www.sled.sc.gov). Criminal background reports must be dated within thirty (30) days from the date of application.

- |  |     |    |
|--|-----|----|
| 6. Have there been any judgments, liens, or claims filed against you or any business entities you have been associated with in the past 5 years? (If yes, submit official documentation with the <a href="#">Explanatory Statement of Yes Answer Form</a> .) | YES | NO |
|--|-----|----|

## ATTESTATION

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## LICENSE BOND

A Surety Bond in the amount of \$15,000, with the power of attorney attached and the individual's name listed as principal (Cannot be in the name of a company or business name.) must be submitted. Handwritten bonds or bonds signed via DocuSign are not accepted.

Please direct your insurance provider to the fillable [bond form](#), which is also available on the Commission's website. A list of authorized SC bonding companies can be found [here](#). Please note this is not a comprehensive list and is only intended as a resource.

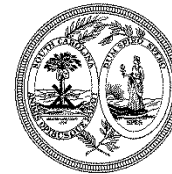
## Privacy Disclosure

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.



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)





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## **RESIDENTIAL BUILDER EXPERIENCE AFFIDAVIT INSTRUCTIONS**

**SOUTH CAROLINA CODE SECTION 40-59-220(B)** states, in part: “A prerequisite for taking the examination for a residential builder's license is a minimum of one year of actual experience under the supervision of a licensed residential builder, or other appropriately licensed professional who is engaged in residential building construction involving the trades or crafts for which the license is desired, or other education or experience or a combination of these as may be approved by the commission.”

The Commission verifies experience by applicants submitting documentation from previous or current supervisors or employers.

Please fill out the attached Residential Builder Experience Affidavit, attesting to the applicant's experience. Please list all aspects of the work performed by the applicant under your supervision. Please give detailed information as to what trades you have supervised the applicant doing. The Commission is looking for experience in all trades regulated under Chapter 59, preferably hands-on.

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

### **Information and Instructions:**

- 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 your 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.
- A separate form should be submitted for each employer/ supervisor.
- 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 your computer before completing. Completed affidavits must be legible to be considered.



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## RESIDENTIAL BUILDER 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"): \_\_\_\_\_

**IMPORTANT:** All sections below must be completed by the supervisor. Falsification of information may be grounds for disciplinary action against a licensee.

### 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: \_\_\_\_\_

### APPLICANT'S WORK EXPERIENCE

Please check the box that identifies the level of work performed by the individual above (applicant):

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: \_\_\_\_\_  
☐ Full-Time ☐ Part-Time

Dates of Supervision: \_\_\_\_\_ Employment Type: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_  
MM/YY – MM/YY Full-time / Part-time

Please identify which trades the individual (applicant) performed while under your supervision:

<input type="checkbox"/> Estimating, Plan Reading and Bidding	<input type="checkbox"/> Project Management	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Concrete & Reinforcement	<input type="checkbox"/> Masonry	<input type="checkbox"/> Roofing
<input type="checkbox"/> Site Work, Footings & Foundations	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> HVAC	<input type="checkbox"/> Other: _____	

**Please provide a detailed description of the specific type of work the applicant performed under your supervision and the applicant's abilities. You may be requested to provide documentation to verify all experience to which you are attesting.**

**SUPERVISOR ATTESTATION**

I swear or affirm under penalty of perjury that the information provided in this Affidavit is true and correct to the best of my personal knowledge, and that the Applicant did perform the above-described work under my supervision.

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: \_\_\_\_\_