



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
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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: _____