



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 HVAC INSTALLER AND REPAIRER 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 [reinstatement application](#) for residential HVAC installer and repairer license.

Note: Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

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 of residential HVAC experience performed within the past five (5) years.

Copies of W2s and/or 1099s from employers should be provided with the application. The Residential HVAC Installer and Repairer 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 HVAC Installer and Repairer 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, including EPA/NATE Certifications for the Commission's consideration. Failure to provide documentation with adequate experience may result in a delay in a determination regarding your application.

Residential HVAC 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 and the Residential HVAC 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

The Residential HVAC Installer and Repairer 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 Mechanical Contractor with either the Air Conditioning (AC) classification or Packaged Equipment (PK) classification. Mechanical 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. You may complete the Residential HVAC Installer and Repairer Experience Affidavit to self-report your experience under your own license.

- 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. You may complete the Residential HVAC Installer and Repairer Experience Affidavit to self-report your experience under your own license.

Eligible States:

- Alabama
 - Mississippi
 - North Carolina
- Has a current HARV (Master Mechanical) Certification that was issued by examination between September 7, 2013, and December 2025 by the Municipal Association of South Carolina (MASC), or issued after January 1, 2026, by Carolinas AGC (CAGC). After January 1, 2026, trade certification applicants should contact [CAGC](#) to obtain a certification verification letter.

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](#).

OUT-OF-STATE LICENSE INFORMATION

Provide information on all other jurisdictions where you have been or are currently licensed as a HVAC Installer and Repairer or licensed in a building related profession. You will need to contact the issuing agency for each state of licensure and have a verification of licensure sent directly to the Commission via email to Contact.RBC@llr.sc.gov or by mail.

LICENSE BOND

If you will be doing work that exceeds \$5,000 total cost of construction (labor and materials) for a project, a Surety Bond in the amount of \$10,000, 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 to and on file with the Commission. You are not required to submit the bond with your application packet, but it must be submitted and on file with the Commission prior to performing or offering to perform work that exceeds this amount. 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 that this is not a comprehensive list and is intended only as a resource.



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RESIDENTIAL HVAC INSTALLER AND REPAIRER 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 a Residential HVAC Installer and Repairer Experience Affidavit for you.
- [Residential HVAC Installer and Repairer Experience Affidavit](#) for each employer/supervisor verifying your work experience.
- Certifications (EPA/NATE), transcripts, resumes and any other supporting documentation of work experience in residential HVAC installations and repairs.
- [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/Authority, Articles of Incorporation or Organization and Proof of Ownership, if applicable
- Certification Verification Letter from [CAGC](#), if applicable

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

- Verification of licensure from the state(s) you currently or previously held a license/registration, 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 ☐ LLC

☐ Other (Specify): _____

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

Self: _____ Title: _____ % Ownership: _____

Name: _____ Title: _____ % Ownership: _____

Name: _____ Title: _____ % Ownership: _____

EXAMINATION WAIVER QUESTIONS

1. Do you want to apply by exam waiver? YES NO

If yes:

a. Have you held an active and in good standing SC Mechanical Contractors License for the past year with either the Air Conditioning (AC) or Packaged Equipment (PK) classification? YES NO

If yes, License Number: _____

You may complete the Residential HVAC Installer and Repairer Experience Affidavit to self-report your experience under your own license.

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. You may complete the Residential HVAC Installer and Repairer Experience Affidavit to self-report your experience under your own license.

c. Do you currently hold a HARV (Master Mechanical) Certification that was issued by examination between September 7, 2013, and December 2025 by the Municipal Association of South Carolina (MASC), or issued after January 1, 2026, by Carolinas AGC (CAGC)? YES NO
If yes, please include a certification verification letter. After January 1, 2026, MASC certification verification letters may be obtained from CAGC.

APPRENTICESHIP

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

If not, on an additional sheet, please provide a detailed written explanation summarizing your relevant work experience and any relevant education, including EPA/NATE Certifications. You may also include additional supporting documentation for the Commission's consideration. Failure to demonstrate one (1) year of HVAC 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 HVAC Installer and Repairer Experience Affidavit](#) form(s) completed by your employer(s)/supervisor(s).

Employer/ Supervisor Name	License # of Employer	Dates of Employment	Employer/ Supervisor Position Title	Type of work performed

OUT-OF-STATE LICENSE INFORMATION

Provide information on all other jurisdictions where you have been or are currently licensed as an HVAC installer and repairer or licensed in a building related profession. You will need to contact the issuing agency for each state of licensure and have a verification of licensure sent directly to the Commission via email to Contact.RBC@lir.sc.gov or by mail.

State: _____ Type of license/registration: _____ License/registration number: _____

State: _____ Type of license/registration: _____ License/registration number: _____

State: _____ Type of license/registration: _____ License/registration number: _____

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 HVAC Installer and Repairer 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. 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 Explanatory Statement of Yes Answer Form .) | 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

If you will be doing work that exceeds \$5,000 total cost of construction (labor and materials) for a project, a Surety Bond in the amount of \$10,000, 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 to and on file with the Commission. You are not required to submit the bond with your application packet, but it must be submitted and on file with the Commission prior to performing or offering to perform work that exceeds this amount. 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 that this is not a comprehensive list and is intended only as a resource.

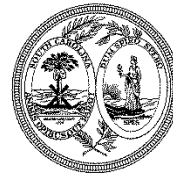
Privacy Disclosure

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 HVAC INSTALLER AND REPAIRER EXPERIENCE AFFIDAVIT INSTRUCTIONS

The Commission verifies experience by applicants submitting documentation from previous or current supervisors or employers. The attached Experience Affidavit is to be completed by each of the applicant's employers/supervisors to verify the applicant's experience; however, if you are applying for licensure by exam waiver due to being appropriately licensed in this state or another eligible state, you may complete the Experience Affidavit to self-report your experience under your own license.

Employer/Supervisor: Please fill out the attached Residential HVAC Installer and Repairer Experience Affidavit, attesting to the applicant's experience/ability to install, replace, alter, and repair HVAC systems. The Commission is looking for, preferably, hands-on experience.

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 the 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 dates of supervision. Examples of appropriate licensure include, without limitation: licensed residential HVAC installer and repairer, residential builder, or mechanical contractor (AC or PK classification).
- A separate form should be submitted for each employer/ supervisor. The employer/supervisor must have been appropriately licensed (see above) during the dates of supervision and must have direct knowledge of the applicant's work 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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RESIDENTIAL HVAC INSTALLER AND REPAIRER EXPERIENCE AFFIDAVIT

This form is a fillable document. You should download and save to a 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 employer/supervisor. The individual completing the form must have been appropriately licensed during the dates of supervision and must have direct knowledge of the applicant's work experience. Examples of appropriate licensure include, without limitation: licensed residential HVAC installer and repairer, residential builder, or mechanical contractor (AC or PK classification). Falsification of information may be grounds for disciplinary action against a licensee. You may be requested to provide documentation to verify all experience to which you are attesting.

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: _____

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: _____

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

Please identify which of the following trades the individual (applicant) performed while under your supervision and approximately how many projects they performed under each trade:

☐ Estimating, Bidding and Plan Review: Cost estimating, preparing quotes, and plan review for projects
Approximately how many projects: _____

☐ Ductwork Fabrication & Installation: Measuring, cutting, assembling, sealing, and hanging
Approximately how many projects: _____

☐ Manual J, S, & D Load Calculations: Perform load calculations, equipment selection and duct design
Approximately how many projects: _____

☐ Gas Piping: Installing and testing natural gas piping and connections
Approximately how many projects: _____

☐ Equipment Installation: Air handlers, heat pumps, condensers, mini-splits, furnaces, heaters, and packaged units

Approximately how many projects: _____

☐ Service Call Work: Troubleshooting and repairing systems

Approximately how many projects: _____

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

☐ Refrigeration & Brazing: Copper line set fabrication, brazing/soldering, and leak testing

☐ Electrical Work (low and high voltage): Wiring thermostats, controls, disconnects, and breakers

☐ Condensate & Drainage Systems: Routing and trapping condensate lines properly

☐ Airflow Balancing & Testing: Static pressure checks, airflow measurements, and balancing registers

☐ System Startup & Commissioning: Verifying refrigerant charge, airflow, and controls operation

☐ Thermostat Installation & Programming: Basic to smart thermostats

☐ Insulation: Insulating ducts, refrigerant lines, and plenums

☐ Other: _____

Please provide any additional information regarding this applicant's experience that you believe would be helpful for the Commission to consider.

Do you feel this applicant has the knowledge and experience necessary to independently perform full-scope HVAC work on an entire home?

☐ YES ☐ NO

If not, please explain:

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 me this _____ day of _____, 20 ____ .

Notary Signature: _____

Print Notary Name: _____

{Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____