



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

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**RESIDENTIAL PLUMBER
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 Plumber Experience Affidavit, attesting to the applicant's experience with installing, maintaining and repairing plumbing 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 plumber, residential builder, or mechanical contractor (plumbing 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 PLUMBER 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 plumber, residential builder, or mechanical contractor (plumbing 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:

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: _____

Water Supply Systems: Installing and repairing water lines
Approximately how many projects:

Fixture Installation: Setting and connecting toilets, sinks, tubs, showers, faucets, and disposals
Approximately how many projects:

Drain, Waste, & Vent (DWV) Systems: Laying out, installing, and testing drainage and vent piping
Approximately how many projects:

Water Heaters: Installing, servicing, and replacing tank and tankless systems
Approximately how many projects: _____

Gas Piping: Installing and testing natural gas lines for stoves, dryers, fireplaces, and outdoor grills
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:

Pipe Joining Techniques: Cutting, threading, soldering, gluing, or crimping pipe connections

Leak Detection & Repair: Diagnosing and fixing water or drain leaks

Water Filtration & Softening: Installing and maintaining home water treatment systems

Backflow Prevention: Installing and maintaining devices to protect potable water

Sump & Ejector Pumps: Installing and maintaining pumps for basements or wastewater lift systems

Outdoor Plumbing: Hose bibs, outdoor showers, and pool or spa plumbing

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 plumbing 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: _____