



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 PLUMBER LICENSE APPLICATION REQUIREMENTS AND INSTRUCTIONS ELECTRONIC APPLICATION AND FORMS**

This electronic application is for initial licensure applicants. 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 plumber license. If your license has been lapsed longer than three (3) years, you will need to complete the [initial paper application](#) and mail to the Commission.

**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 plumbing experience performed within the past five (5) years.

Copies of W2s and/or 1099s from employers should be provided with the application. The Residential Plumber 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 Plumber 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 Plumbing 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 Plumbing 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 Plumber 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 the Plumbing (PB) 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 Plumber 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 Plumber Experience Affidavit to self-report your experience under your own license.

Eligible States:

- Mississippi
  - North Carolina
- Has a current Master Residential Plumber Certification or Master Plumber Certification that was issued by examination between December 1990 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 plumber 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](mailto: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.

## **Documentation needed to upload to your application:**

- 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 Plumbing Experience Affidavit for you.
- [Residential Plumbing Experience Affidavit](#) for each employer/supervisor verifying your work experience.
- Certifications, transcripts, resumes and any other supporting documentation of work experience in residential plumbing.
- [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

## **Payment of the initial application fee in the amount of \$135 is due at the end of the application.**

- 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.

**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.



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 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: \_\_\_\_\_

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: \_\_\_\_\_
- 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: \_\_\_\_\_