



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Soil Classifiers Advisory Council**  
 110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11419 • Columbia • SC 29211-1419  
 Phone: 803-896-4580 • Contact.Soil@llr.sc.gov • Fax: 803-704-6772  
 www.llr.sc.gov/soil

**Application for Certification as Soil Classifier-In-Training or Licensure as Professional Soil Classifier**

**INSTRUCTIONS**

Submit the following with your application to the above address:

- Check or money order only, in the amount of \$25 made payable to LLR – Soil Classifier Advisory Council. **Fee is non-refundable. NO CASH IS ACCEPTED.** A return check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver’s License, State Issued Photo ID, or Passport.
- Copy of your Social Security Card.
- Legal documentation of name change, if applicable (marriage cert, divorce decree, etc)

**TYPE OF LICENSE**

Method I – Licensure as Professional Soil Classifier by Education/Experience/Examination

Method II – Licensure as Professional Soil Classifier by Comity with \_\_\_\_\_  
 (Indicate State)

Certification as Soil Classifier-In-Training

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Prior Last Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Business:**

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**RECORD OF LICENSURE**

List all states/jurisdictions where you hold a license to practice Soil Classifying (attach additional sheets if necessary). Please forward the “License Verification Form” to these states, and have them return the completed form directly to the Council office.

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Basis for Licensure: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Basis for Licensure: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Basis for Licensure: \_\_\_\_\_

**Please provide the date and state in which you passed the following sections of the CSSE (Council of Soil Science Exam):**

Fundamentals of Soil Science Exam: State: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Practice of Soil Science Exam: State: \_\_\_\_\_ Date: \_\_\_\_\_

**The Soil Science Society of America must document your successful completion of these examinations unless you are applying for licensure by comity, in which case the other state of licensure may provide exam documentation.**

### **EDUCATION**

For undergraduate and graduate degrees, please indicate institution attended, degree received (including major), and date of degree. Transcripts must bear the seal of the institution and signature of the Registrar.

Name and Location of Institution: \_\_\_\_\_

Attendance \_\_\_\_\_ to \_\_\_\_\_ Degree Received: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

Name and Location of Institution: \_\_\_\_\_

Attendance \_\_\_\_\_ to \_\_\_\_\_ Degree Received: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

### **EXPERIENCE**

List all related work experience. Start with earliest position at top and list present position last. Only document experience related to soil classifying. You may use additional sheets if necessary to document additional work, or to explain gaps in your work history (unemployment, working in unrelated field, etc.). Please forward the "Soil Employment Verification" form to these companies and have them return the completed form directly to the Council office.

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State & Zip)

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State & Zip)

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State & Zip)

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State & Zip)

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

**PROFESSIONAL REFERENCES**

List below at least five citizens or permanent residents of the USA, three of whom shall be registered Soil Classifiers or Soil Scientists, not relatives or members of this Department or the Council, who will provide information in regard to your character and professional ability. Indicate the state and registration number for the Soil Classifiers or Soil Scientists under the “occupation” field. Please forward the “Soil Reference Form” (Link is available under Applications and Forms on the website) to these individuals and have them return the form directly to the Council office.

Reference Name: \_\_\_\_\_ Reference Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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Reference Name: \_\_\_\_\_ Reference Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**PERSONAL HISTORY**

1. Have you ever been refused a license or had disciplinary proceedings filed against you? YES NO
2. Have you ever been convicted of a felony of any kind or a non-felony crime involving drugs or moral turpitude? You need not disclose juvenile court convictions or pardoned or expunged crimes. YES NO
3. Have you ever been denied registration as a soil classifier in any state or jurisdiction? YES NO
4. Have you surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? YES NO
5. Have you ever been found by a court or registration board to have violated the soil classifying laws or the professional/occupational laws of any jurisdiction? YES NO
6. Have you ever used the title “Soil Classifier,” offered or performed soil classifying services in the State of South Carolina? YES NO

## AFFIRMATION

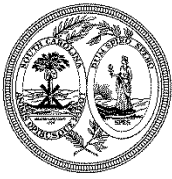
I, \_\_\_\_\_, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalties of perjury that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Professional Soil Classifier in South Carolina.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Applicant Name

*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)