



South Carolina Department of Labor, Licensing and Regulation
South Carolina Soil Classifiers Advisory Council
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llr.sc.gov/soil

PROFESSIONAL SOIL CLASSIFIER LICENSE REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

*Before calling in to the Council Office – You may check your application status online at:
<https://eservice.llr.sc.gov/SSO/Login/LoginPage>.*

This application is for initial licensure applicants and applicants currently licensed in another jurisdiction/state with requirements substantially equivalent to South Carolina's requirements. If you would like to apply for reinstatement of a license that has been lapsed for less than three years, please complete the [Professional Soil Classifier Reinstatement Application](#).

All individuals must pass the Fundamentals of Soil Science Examination and the Professional Practice of Soil Science Examination, administered by the Soil Science Society of America (SSSA), prior to applying for licensure with the Council. Please contact [SSSA](#) for additional information about scheduling examinations.

METHODS OF LICENSURE

METHOD 1: LICENSURE BY EXAMINATION

The following is required to apply for licensure as a Professional Soil Classifier license by examination:

1. Submit a completed application and application fee,
2. Completed at least two (2) years of training under the supervision of a registered soil classifier **or** individual meeting the minimal academic and experience.
3. Submit proof of completion of 15 or more semester hours of [soil courses](#) accepted by the Council and one of following:
 - Bachelor's degree or equivalent in Council [approved curriculum](#) and at least two (2) years of experience in soil classifying work;
 - Bachelor's degree or equivalent in natural sciences and at least six (6) years of experience in soil classifying work;
 - Completion of two (2) years as a Soil-Classifer-in-Training; or
 - Current employment as an extension specialist, researcher, or teacher or soils in a college or university and at least two (2) years of soil classifying experience.
4. Successfully pass the Fundamentals of Soil Science Examinations administered by the Soil Science Society of America (SSSA).
5. Successfully pass the Professional Practice of Soil Science Examination administered by the Soil Science Society of America (SSSA).

METHOD II: COMITY

The following is required to apply for licensure as a Professional Soil Classifier license by comity:

1. Submit a completed application and application fee
2. Meet all requirements listed above for Licensure by Examination.
3. Be actively registered as a Soil Classifier in a jurisdiction with requirements that are substantial equivalency to those of South Carolina.

Application Process:

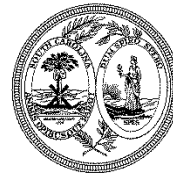
Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - **Application Fee:** \$40 application fee is due at the end of the application. (Fees are non-refundable and non-transferable) *A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.*
 - **Identification:**
 - Copy of your valid driver's license, state issued ID, or passport
 - Copy of Social Security card
 - **Notarized Verification of Lawful Presence Form**
 - **Legal documentation of name change** (marriage certificate, divorce decree, etc.)
 - **Examination:** Contact the [SSSA](#) to request a copy of passing scores on the Fundamentals of Soil Science Examination.
 - **Personal History Questions:** For each "Yes" answers in the Personal History Information, a completed [Explanation of "Yes" Answer form](#) must be completed. Copies of legal documentation should also be included. Additional information may be requested by the Council Office or an appearance before the Council may be necessary.
2. **Documents should be sent directly to the Council from the issuing agency/institution.**
 - **Verification of Licensure:** Contact each state jurisdiction you are currently or have previously been licensed with and have the certificate of licensure sent directly to the Council office via email at contact.soil@llr.sc.gov or mail.
 - **If applying by Comity:** Verification of Licensure with examination scores included will be accepted.
 - **Soil Employment Verification:** For documentation of soil classifying experience only. Each company attesting to work experience should send the completed form directly to the Council office via email at contact.soil@llr.sc.gov or mail.
 - **Education Verification:** Contact your college/university to request an official transcript be sent directly to the Council office. Transcripts may be emailed to contact.soil@llr.sc.gov or mailed to the Council office. Only the highest level of completed education needs to be submitted. If the school is no longer in existence, contact the State Education Department for records.
3. **Licensure:** Once the Council is in receipt of your application, it will be reviewed. If additional information is required, you will be contacted by the Council office

Once a completed application has been approved, the Council office will send an invoice for the \$300 licensure fee. Upon receipt of payment, the Council will issue the license.



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)



Employment Verification Form

Employment Verification For: _____

An application as a professional Soil Classifier has been filed with this department by the above referenced applicant. Please verify the applicant's employment dates and provide any information that may be of value to the Department in evaluating the applicant's qualifications. This information is for the use of the Department. The source and character of this information will not be divulged, except when required by law. The applicant and the Department will appreciate your cooperation and prompt reply to this request.

Employer Information

Name: _____ Title: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Are you a legally licensed or registered Soil Classifier or Soil Scientist? ☐ Yes ☐ No
If yes, State: _____ Registration Number: _____

Applicant's Professional Experience

1. Was the applicant ever under your direct or indirect supervision? ☐ Yes ☐ No
If not, please explain: _____

2. Applicant Worked Full Time (40 hrs. per week): From: _____ To: _____
MM/YYYY MM/YYYY
Applicant Worked Part Time: From: _____ To: _____
MM/YYYY MM/YYYY

3. List the applicant's duties: _____

4. In your judgment, is the applicant competent to practice Soil Classifying? ☐ Yes ☐ No
If not, please attach additional pages for comments you feel are pertinent.

Signed: _____

Date: _____

Print Name: _____

{Affix Seal Here}

Title: _____