

**SOUTH CAROLINA BOARD OF ARCHITECTURAL EXAMINERS**

DEPARTMENT OF LABOR, LICENSING & REGULATION  
110 CENTERVIEW DRIVE  
POST OFFICE BOX 11419  
COLUMBIA, SOUTH CAROLINA 29211-1419  
(803) 896-4408

**application to license firms, corporations, or partnerships**

Application Fee: \$100.00

**Make checks payable to: LLR - Architectural Board**

A \$30.00 service charge will be assessed for all checks dishonored by financial institutions.

S.C. CERTIFICATE OF AUTHORIZATION NO:  
(to be assigned by board)

DATE ISSUED:

**1. BUSINESS NAME AND ADDRESS**

**TELEPHONE NO.:**

**FAX NO.:**

**E-MAIL:**

**Tax ID Number:**

**\*\*can not process without Tax ID#\*\***

2. { FORMCHECKBOX } Partnership { FORMCHECKBOX } Business Corporation { FORMCHECKBOX } Professional Corporation { FORMCHECKBOX } Firm/Sole Proprietorship { FORMCHECKBOX } Limited Liability Corporation (LLC) { FORMCHECKBOX } Limited Liability Partnership (LLP) { FORMCHECKBOX } Other \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_

DATE CERTIFICATE OF AUTHORITY CERTIFIED BY SOUTH CAROLINA SECRETARY OF STATE: \_\_\_\_\_

(Attach copy of Approved Certificate of Authority in South Carolina for Initial Application.)

3. SERVICES OFFERED: \_\_\_\_\_

**4. PRINCIPALS, PARTNERS, OFFICERS AND DIRECTORS OF APPLICANT:**

NAME	TITLE	PROFESSION	S.C. REG. NOS.
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**5. REGISTERED ARCHITECTS EMPLOYED BY APPLICANT: (IF NONE, INDICATE NONE)**

NAME	POSITION	STATES OF REGISTRATION	REG. NOS.
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**6. ARCHITECTS(S) IN RESPONSIBLE CHARGE OF ARCHITECTURAL WORK IN S.C.:**

NAME	TITLE	S.C. REG. NOS.
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ADD SUPPLEMENTAL PAGES IF NECESSARY

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

SIGNATURE(S) OF ARCHITECT(S) IN RESPONSIBLE CHARGE OF ARCHITECTURAL WORK IN SOUTH CAROLINA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Firm/Sole Proprietorship - Signature of Owner

\_\_\_\_\_  
Business Corporation and/or Limited Liability Corporation-Signature of Chief Executive Officer or person authorized by corporate resolution to designate the responsible Architect in charge

\_\_\_\_\_  
Professional Corporation/Association-Signature of Chief Executive Officer or person authorized by corporate resolution to designate the responsible Architect in charge.

**APPLICATION WILL NOT BE ACCEPTED BY FAX  
SIGNATURES MUST BE ORIGINALS**

\_\_\_\_\_  
Partnership and/or Limited Liability Partnership – Signature Of Managing Partner(s)

STATE OF:  
COUNTY OF:

I, \_\_\_\_\_  
a Notary Public in and for said County, in the State aforesaid,  
DO HEREBY CERTIFY THAT

\_\_\_\_\_  
personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free voluntary act, for the uses and purposes therein set forth.

\_\_\_\_\_  
GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS  
DAY OF \_\_\_\_\_, 20

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
NOTARIAL SEAL

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.

**ATTENTION CHECK WRITERS!!!**

WE GLADLY ACCEPT YOUR CHECKS.  
WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US  
TO USE INFORMATION FROM THE CHECK TO MAKE A ONE-TIME  
ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT, OR TO  
PROCESS THE PAYMENT AS A CHECK TRANSACTION.

YOU AUTHORIZE US TO COLLECT A FEE THROUGH ELECTRONIC  
FUND TRANSFER FROM YOUR ACCOUNT IF YOUR PAYMENT IS  
RETURNED UNPAID.