



Residential Specialty Plumbing License Application

Include with Application:

- Certified Check or Money Order for the \$100 application processing fee made payable to **SCRBC**. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds. Fees are non-refundable.
- Copy of your driver’s license, State Issued ID or Passport.
- Copy of social security card.
- Completed and notarized **Verification of Lawful Presence Form**
- Include written explanation(s) for any “Yes” answer(s) for questions in “**General Information**” of the application and include any supporting documentation.
- If you answer “Yes” to any question(s) pertaining to an arrest and/or conviction, you must remit an official Statewide Background Check from the state where the incident occurred in a **sealed envelope** from the state agency along with your written explanation. The report must be pulled using your full name, date of birth and social security number.

License		
Public Index		
Credit Report		
Action		
Approval		

Residential Specialty License Fee (Due after the exam):

Licenses expire June 30th every odd numbered year.

- **\$160** if the license is issued on or between July 1, odd numbered year to June 30, even numbered year
- **\$80** if the license is issued on or between July 1, even numbered year to June 30, odd numbered year

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 forms and fee.

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION

Name: _____ Maiden: _____

D/B/A Name: _____

(If incorporated include a photocopy of Certificate of Existence/Authorization from the SC Secretary of State as well as Articles of Incorporation and documentation establishing percentage of ownership)

Home Address: _____ District: _____
(street, city, state and zip code) Congressional District (SC Residents Only)

Mailing Address: _____
(If different than above, fill in complete address)

County: _____ Date of Birth: _____ Social Security # _____

Email Address: _____ Phone: _____

FINANCIAL INFORMATION

You must furnish an original surety bond with the license fee after passing the examination if the total cost of construction exceeds \$5,000.

The SURETY BOND must be the original document signed by the applicant, in the amount of \$10,000, with the power of attorney attached and the individual's name listed as principal. (Cannot be a company or business name) Hand written bonds will not be accepted.

Please have your insurance provider go to

<http://www.llr.state.sc.us/POL/ResidentialBuilders/PDF/LICENSE%20BOND.pdf> for the fillable bond form.

For a list of authorized bonding companies, please go to

<http://www.llr.state.sc.us/POL/ResidentialBuilders/PDF/Companies%20with%20Surety%20Authority%20in%20SC.pdf>

WORK EXPERIENCE INFORMATION

Must show a minimum of one year experience within the past five (5) years.

EMPLOYER/SUPERVISOR NAME	LICENSE # OF EMPLOYER	DATES OF EMPLOYMENT	POSITION TITLE	TYPE OF WORK PERFORMED

Provide supervisor's contact information. An experience affidavit will be sent to them to complete that details your work experience.

Supervisor Name: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

Supervisor Name: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

Supervisor Name: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

Supervisor Name: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

BUSINESS INFORMATION

Type of Business Entity: (Check type)

Sole Proprietorship: Partnership Corporation Other (Specify): _____

Federal ID Number: _____

List names of principal owners/executive officers, title, percent ownership, date of birth, address and telephone. Please attach a separate sheet if necessary.

Name: _____ **Title:** _____

% Ownership: _____ Date of Birth: _____ Telephone: _____

Mailing Address: _____

Name: _____ **Title:** _____

% Ownership: _____ Date of Birth: _____ Telephone: _____

Mailing Address: _____

GENERAL INFORMATION (To be answered by the applicant)

A written explanation must be provided on a separate sheet for any "Yes" answers, include any supporting documentation. If you answer "Yes" to any question(s) pertaining to an arrest and/or conviction, you must remit an official Statewide Background Check from the state where the incident occurred in a **sealed envelope** from the state agency along with your written explanation. The report must be pulled using your full name, date of birth and social security number.

- | | | |
|---|-----|----|
| 1. Have you ever been denied a license to practice Plumbing contracting or any similar occupational or professional license? | YES | NO |
| 2. Have you ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted, or disciplined by any federal, state or local authority or contracted without a proper license? If yes, attach a written explanation and give current disposition. | YES | NO |
| 3. Is any investigation or disciplinary action currently pending against you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder? If yes, attach a written explanation and give current disposition. | YES | NO |
| 4. Have you or an organization of which you are or were an officer, principal, qualifying party or major shareholder ever been issued a Cease and Desist Order for unauthorized practice during the time you were associated with the organization? If yes, attach a written explanation and current disposition. | YES | NO |
| 5. Have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? | YES | NO |
| 6. Are you currently licensed as a Plumbing Contractor in any other state? | YES | NO |
| a. If yes; what states: _____ | | |

7. Have there been any judgments, liens or claims filed against you or any business entities you have been associated with in the past 5 years? (If yes, submit official documentation) YES NO
8. If applicable, are you currently delinquent with child support obligations? YES NO

Privacy Act Disclosure:

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.

SIGNATURES

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

Signature of Applicant Title Date

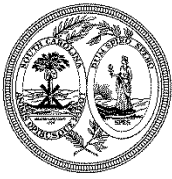
Sworn and Subscribed before me this _____ day of _____, 20_____.

NOTARY SIGNATURE

Print Notary's Name: _____

Notary for the State of: _____

My Commission Expires: _____



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)