



South Carolina Department of Labor, Licensing, and Regulation
South Carolina Contractor's Licensing Board
110 Centerview Drive, Columbia, S.C. 29210
PO Box 11329, Columbia, S.C. 29211-1329
Telephone (803) 896-4686 Fax: (803) 896-4814
www.llr.sc.gov/pol/contractors



South Carolina Fire Sprinkler Contractor Initial Application

Document #145

The South Carolina Fire Protection Sprinkler Act, Title 40, Chapter 10, of the 1976 South Carolina Code of Laws, as amended, is available on our Web Site above under Laws/Policies.

APPLICATION INSTRUCTIONS - READ CAREFULLY & SUBMIT ALL REQUIRED DOCUMENTS

1. The application must be typed or printed legibly in ink.
2. The application must be signed, dated, and notarized where indicated.
3. **Certificate of Liability Insurance:** The license applicant must submit proof of comprehensive liability insurance in the amount of not less than \$100,000. This policy must be purchased from an insurer authorized to do business in South Carolina (check companies online at <https://online.doi.sc.gov>). The “**Certificate Holder**” must be named as the “**The S.C. Contractor's Licensing Board**”.
4. The license **fee** for each **main office** business entity seeking licensure is **\$200**. The license fee for each **branch office** is **\$100**. The name of the branch office must be the same name that appears on the license of the main office. The fee for the main office and branch office includes one primary qualifying party. The fee for each **additional qualifying party** is **\$50**. Each fire sprinkler contractor main office or branch office must be separately licensed and have a primary qualifying party assigned exclusively to that location. A **qualifying party** is an individual that has met the requirements established by the board to qualify the licensee to engage in business. A licensee may have an unlimited number of qualifying parties with one employee listed as the primary qualifying party. Every qualifying party individual must submit a **current certificate** from the National Institute for Certification in Engineering Technologies (NICET) with the application indicating that the individual have passed the NICET Level III or IV Fire Sprinkler Technician written competency examination. **The board must have a current NICET certificate from each qualifying party before a license can be renewed; mail/fax/email the certificate to the board each time it is renewed to avoid delays in renewing your license.**
5. This Board does not administer the **NICET exam**. The exam application and exam dates may be obtained by contacting the National Institute for Certification in Engineering Technologies at 1420 King Street, Alexandria, VA, 22314-2794, or call 1-(888)-476-4238. The exam cost/process is the responsibility of the applicant; the exam fee charged by NICET must be paid directly to the Institute. The website is www.nicet.org.
6. If the **primary qualifying party** leaves employment the licensee, the licensee and the qualifying party must notify the department within fifteen days of the termination of employment. If the department is not notified within fifteen days, the department shall immediately cancel the license. If the licensee properly notifies the department within the prescribed timeframe, the license remains in good standing for six (6) months from the date of departure of the primary qualifying party. If a primary qualifying party is not replaced within the six-month period, the department shall immediately cancel the license. If the licensee has another qualifying party in their employment that is listed on the license, that individual may be listed as the new primary qualifying party.
7. The fire sprinkler contractor **license expires biennially** on July 31st of every even numbered year. **Renewal** notices are mailed in the month of March with instructions on how to renew your license.

8. The licensee must **conduct business** in the name in which the license was issued. The fire sprinkler license belongs to the business entity applying for the license. It is unlawful for a branch office to engage in fire sprinkler work other than the exact name that appears on the licensee's main office license.
9. Any **license changes** that vary from the applicant's original application must be reported to the department within fifteen days from the date of the change. Changes include: a new address, phone number, a change in corporate officer(s), adding or deleting a qualifying party. To submit a change, the licensee can download the Revision Application, Doc #155, from the website listed below. Complete the form, and return it with any required documents to the mailing address listed below (also listed on the revision application).
10. All questions on the application must be answered. Failure to complete the entire application or comply with the instructions will result in a delay in the application process.
11. Do not submit the license application or other required documents to the board until the primary qualifying party has passed the required NICET exam.
12. Mail the application, required documents, and fees to the address below.

BOARD WEBSITE: www.llr.sc.gov/pol/contractors

MAKE CHECKS PAYABLE TO: S.C. CONTRACTOR'S LICENSING BOARD

MAILING ADDRESS:

(normal UPS delivery):

S.C. Contractor's Licensing Board
PO Box 11329
Columbia S.C. 29211-1329

(overnight delivery):

S.C. Contractor's Licensing Board
110 Centerview Drive
Columbia, S.C. 29210



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Initial Application**

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<u>For Office Use Only</u>	
Amount	_____
Batch #	_____
Issue Date	_____
FS #	_____

Fees: Main office license fee - \$200
 (fee includes one primary qualifying party)
 License fee for each branch office - \$100
 (fee includes one primary qualifying party)
 Each additional qualifying party - \$50

1. **Business Information:** This section must be completed by the business entity seeking licensure.

Business Name: _____
 Exact name of the business entity to be listed on license certificate

Business Address: _____
 Street City State Zip County (SC only)

Mailing Address: _____
 Street or P.O. Box City State Zip County (SC only)

Business Telephone #: _____ Fax #: _____ Federal ID #: _____

Check one of the following sections to indicate the applicant's style of business:

Sole Proprietorship Partnership Corporation LLC LLP S J Other _____

Email Address: _____

2. List names of principle officers, title, social security number, date of birth, address, and telephone number:

NAME	TITLE	SSN	DOB	ADDRESS	TELEPHONE #

Drivers License number and State issued (for owner/president): _____

Primary Qualifying Party "QP": A qualifying party is an individual that has passed a NICET Level III or IV exam and has a current certificate to qualify the licensee to engage in business.

Name of Primary Qualifying Party: _____
(Name of person that has passed the NICET Level III or IV exam)

Home Address: _____
Street City State Zip County (SC only)

Home Telephone #: _____ Date of Birth: _____

Social Security #: _____ Drivers license # and State Issued: _____

Primary Qualifying Party Questions:

- Currently or within the last ten years, have you been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law related to fire sprinkler contracting? Is there a current complaint or violation pending or under investigation or has any action been taken against a professional license held by you in any jurisdiction? Have you been denied a license to practice fire sprinkler contracting in this state or any other state? Do you have any judgments, liens or claims been filed against you or any business in which you were the owner, an officer or QP. (If you answer **yes, you must attach an explanation on a separate page with supporting/official legal documents**).....Yes No
- Are you a United States citizen or legal permanent resident, 18 years of age or older?.....Yes No
If you answered "No", are you a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, 18 years of age or older, and lawfully present in the U.S.?.....Yes No
- I have read, understand and meet all criteria pertaining to the S.C. Fire Protection Sprinkler Systems Act and hereby agree to abide by these laws. I hereby give permission to the Contractor's Licensing Board to verify and investigate information in this application. I understand that false or incorrect information provided by me may result in the denial of a license and may be subject to appropriate civil and criminal proceedings.

_____ Are you a full-time employee with the applicant?.....Yes No
Print name of Qualifying Party

_____ Date
Signature of Qualifying Party

4. **Additional/Extra Qualifying Party "QP":** To be completed for each additional qualifying party. The individual must have a current NICET Level III or IV certificate. (Make copies of this section as needed).

Name of Additional/Extra Qualifying Party (QP): _____
(Name of person that has passed the NICET Level III or IV exam)

Home Address: _____
Street City State Zip County (SC only)

Home Telephone #: _____ Date of Birth: _____

Social Security #: _____ Drivers license # and State Issued: _____

Qualifying Party Questions:

- Currently or within the last ten years, have you been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law related to fire sprinkler contracting? Is there a current complaint or violation pending or under investigation or has any action been taken against a professional license held by you in any jurisdiction? Have you been denied a license to practice fire sprinkler contracting in this state or any other state? Does any former business entity in which you were the owner, an officer or qualifying party have any pending or outstanding judgments, liens or claims? (If you answer **yes, you must attach an explanation on a separate page with supporting/official legal documents**).....Yes No
- Are you a United States citizen or legal permanent resident, 18 years of age or older?.....Yes No
If you answered "No", are you a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, 18 years of age or older, and lawfully present in the U.S.?.....Yes No
- I have read and understand the statutes and any other rules and regulations pertaining of the S.C. Fire Protection Sprinkler Systems Act and hereby agree to abide by these laws. I hereby give permission to the Contractor's Licensing Board to verify and investigate information in this application. I understand that false or incorrect information provided by me may result in the denial of a license and may be subject to appropriate civil and criminal proceedings.

_____ Date
Signature of Extra Qualifying Party

5. Owner/President Signature and Affidavit:

- Currently or within the last ten years, have you been arrested, indicted, or convicted, pled guilty or pled nolo contendere for violation of any federal, state, or local law related to fire sprinkler contracting? Is there a current complaint or violation pending or under investigation or has any action been taken against a professional license held by you in any jurisdiction? Have you been denied a license to practice fire sprinkler contracting in this state or any other state? Does any former business entity in which you were the owner or officer have any pending or outstanding judgments, liens or claims? If you answer yes to the following question, you must submit an explanation on a separate page and attach to this application.....Yes No
- Are you a United States citizen or legal permanent resident, 18 years of age or older?.....Yes No
If you answered "No", are you a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, 18 years of age or older, and lawfully present in the U.S.?.....Yes No
- The applicant must submit proof of comprehensive liability insurance in the amount of not less than \$100,000. This policy must be purchased from an insurer authorized to do business in South Carolina. The South Carolina Contractor's Licensing Board must be named as the "Certificate Holder". Is a copy of the certificate enclosed with the application?.....Yes No

NOTE: If "No" answers, your application may be returned or delayed.

- I have read and understand the statutes and any other rules and regulations pertaining of the S.C. Fire Protection Sprinkler Systems Act and hereby agree to abide by these laws. I hereby give permission to the Contractor's Licensing Board to verify and investigate information in this application. I understand that false or incorrect information provided by me may result in the denial of a license and may be subject to appropriate civil and criminal proceedings.
- I hereby certify that the individual listed as the primary qualifying party is a full-time owner, partner, officer, or in a full-time management position for the applicant of this application.
- 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 certificate issued pursuant to this application and the institution of appropriate civil and criminal proceedings.

Print Name of Owner/President

Signature of Owner/President

Date

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

Notary Public 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)

AFFIDAVIT OF ELIGIBILITY PAGE: TO BE COMPLETED BY QUALIFIER (QP); QP MUST SUBMIT COPY OF SOCIAL SECURITY CARD AND VERIFIABLE PICTURE ID, i.e. DRIVER'S LICENSE. IF YOU ARE UNABLE TO PROVIDE A COPY OF YOUR CARD, CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE FOR A FREE COPY. IF YOU HAVE TO WAIT FOR THE CARD, SUBMIT A COPY OF THE APPROVAL LETTER FROM THE SOCIAL SECURITY OFFICE VERIFYING YOUR SOCIAL SECURITY VALIDITY.

Social Security APPLICATION: www.socialsecurity.gov/forms/ss-5.pdf

Social Security OFFICE LOCATOR: <https://secure.ssa.gov/ICON/main.jsp>

Social Security PHONE#: 1-800-772-1213



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: _____