



S. C. Department of Labor, Licensing, and Regulation
Emergency Construction Registration Application
 110 Centerview Dr., Columbia, SC 29210
 (803) 896-4696 Fax (803) 896-4701
www.llr.state.sc.us

Registration Fee:
NO FEE REQUIRED



COL COS - _____ **Registration #**
 (Circle one above) (start with 100)

(1) Applicant Information:

Name: _____
 Last First Middle Initial Type of ID and ID Number

Home address: _____
 Street City State Zip County

Home telephone #: (_____) - _____ Cell phone #: (_____) - _____ Date of birth: _____

Driver's license # & state issued: _____ Position held with licensee in section 2: _____

(2) Licensee Information: To be answered by the registration applicant.

Doing business as: _____
 Name in which your business is licensed or registered in your home state

Business address: _____
 Number/name City State Zip County

Mailing address: _____
 P. O. Box City State Zip County

Business telephone #: (_____) - _____ Fax number: (_____) - _____

State in which you are licensed: _____ License number: _____ Classifications held: _____

S.C. Address Information

Address _____

Phone #: _____

Room #: _____

(3) General Classifications: Please check classification(s) for which you are applying.

Type of Work	Classification(s)	
<input type="checkbox"/> Commercial/Residential	<input type="checkbox"/> Building	<input type="checkbox"/> Wood Frame Structures
<input type="checkbox"/> Residential Builder	<input type="checkbox"/> Concrete	<input type="checkbox"/> Drywall Install/Repair
<input type="checkbox"/> Residential Specialty only 3	<input type="checkbox"/> Interior Renovation	<input type="checkbox"/> Structural Framing/Steel
<input type="checkbox"/> Engineer	<input type="checkbox"/> Marine	<input type="checkbox"/> Structural Shapes
<input type="checkbox"/> Architect	<input type="checkbox"/> Masonry	<input type="checkbox"/> Painter/Wall Paper
<input type="checkbox"/> Other	<input type="checkbox"/> Specialty Roofing	<input type="checkbox"/> Insulation Installer
	<input type="checkbox"/> General Roofing	<input type="checkbox"/> Swimming Pools
Highway Sub Classifications:	<input type="checkbox"/> Public Utility Electrical	<input type="checkbox"/> Stucco Installer
<input type="checkbox"/> Asphalt Paving	<input type="checkbox"/> Vinyl/Aluminum Siding	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Bridges	<input type="checkbox"/> Pre-Engineered Metal Buildings	
<input type="checkbox"/> Concrete Paving		Issued by: _____
<input type="checkbox"/> Grading		Date: _____

(4) Mechanical Classifications: Please check the sub classification(s) below for which you are applying.

Residential HVAC (All types of residential units) Electrical Commercial Refrigeration Com/Res Air Conditioning

Com/Res Heating (boilers) Plumbing Com/Res Packaged Equipment (Limited to 25 tons cooling and 500,000 BTU/HR heating per unit. Heat pumps and split systems are covered under this classification.) Other

I hereby agree to abide by state and local building requirements and ordinances and will engage in construction and contract only in areas that have been declared a disaster area. I also certify that I am a licensed or registered contractor currently in good standing in my home state. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for immediate cancellation of my registration.

 Signature Date

 Witness Date