

Dear Applicant:

Enclosed is your S.C. Residential Home Builders licensing packet that you requested. Effective April 1, 2002 we have a new testing provider for the S.C. Residential Home Builders Examination. The new provider is PSI Examination Services (PSI). You may go to their web page to find out more information on the examination at <http://www.psiexams.com>.

Your candidates' information bulletin will be mailed along with your letter of eligibility to sit for the state exam. The exam is two parts: Business & Law and Residential Building. You must pass both parts to receive your license.

The books that you will be able to use while taking the S.C. Residential Home Builders Examination are listed in the PSI Bulletin listed on their web page at [www.psiexams.com](http://www.psiexams.com).

If you have any further questions, please contact the Licensing Department at (803) 896-4696.

**RE: Additional Requirement For Examination**

**SECTION 40-59-220(B) States, in part:**

**“A prerequisite for the taking of an examination for a residential builders license is a minimum of one year of actual experience under the supervision of a licensed residential builder or other appropriately licensed professional who is engaged in residential building construction involving the trades or crafts for which the license is desired, or other education of experience or a combination of these as may be approved by the commission.”**

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**AFFIDAVIT**

I, \_\_\_\_\_ licensed number \_\_\_\_\_ do  
(Licensed residential builder or general contractor)

solemnly attest and affirm that \_\_\_\_\_,  
(Applicant)

meets the above stated requirement of Section 40-59-220(B).

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Builder's Signature)

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_



# OFFICE OF LICENSURE AND COMPLIANCE

## Residential Home Builders License Application

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

P. O. Box 12517, Columbia, SC 29211-2517

Synergy Business Park, Kingtree Bldg., 110 Centerview Drive

Telephone:(803)896-4501 Fax:(803)896-4525

### Fees (certified check or money order only)

LICENSES ARE RENEWABLE JULY 1 OF EACH YEAR. FEES ARE NOT PRORATED

APPLICTION PROCESSING FEE	\$135
HOME BUILDERS LICENSE	\$110
EXAMINATION FEE	\$100 (PAY TO PSI)

### For Office Use Only:

LICENSE		
FISCAL		
CC		
ACTION		
APPROVAL		

DATE: \_\_\_\_\_

### A. APPLICANT INFORMATION (Please Print)

Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

### B. FINANCIAL INFORMATION

#### You must furnish an original surety bond with the license fee after passing the examination

The SURETY BOND must be an original (no copies or facsimiles), signed by the builder, in the amount of \$15,000, with power of attorney attached and the individual's name listed as principal not the company or business name.

### C. WORK EXPERIENCE INFORMATION (Must show a minimum of one year experience)

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

(CONTINUE ON REVERSE SIDE)

**D. BUSINESS INFORMATION**

Type of Business Entity: (Check type)

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Federal ID# \_\_\_\_\_

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

NAME	TITLE	% OWNERSHIP	DOB	ADDRESS	TELEPHONE #

**E. GENERAL INFORMATION (To be answered by the applicant)**

(Any question answered YES must be fully explained on a separate sheet.)

1. Have you ever been denied a license to practice home building or any similar occupational or professional license? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you ever been convicted of , pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are you currently licensed as a home builder in any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have there been any judgements, liens, or claims filed against you in the past 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Are you currently delinquent with child support obligations? \_\_\_\_\_ Yes \_\_\_\_\_ No

**F. 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

My Commission Expires \_\_\_\_\_

**NOTES:**

1. All licenses are renewable on July 1 of each year, regardless of when the license is issued.
2. It is the individual's responsibility to notify this office of any changes of address or employment.
3. All applicants must submit to a credit check as part of the application process pursuant to Section 40-59-250 (A).

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.

\*The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

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**AFFIDAVIT**

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(Applicant)

meets the above stated requirement of Section 40-59-220(B).

\_\_\_\_\_  
(Applicant's Signature) (Builder's Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: \_\_\_\_\_
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Social Security Number**

4. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and 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.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

***The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification 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.***