



PROPERTY MANAGER-IN-CHARGE LICENSE APPLICATION

Doc. 290

Mail the following to the above address:

- Check or money order made payable to **SCREC** (All fees are non-refundable)
 A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds.
 - Property Manager-in-Charge (PMIC) license fee: \$250
 - Upgrade from Property Manager to PMIC **or** if already a PMIC and adding an office:
 If your current license renews in less than a year the fee is \$125
 If it is longer than a year the full \$250 applies.
- Legible copy of drivers license, state issued ID or Passport
- Copy of social security card
- Notarized Verification of Lawful Presence (attached)
- Copy of Certificate of Completion for 7 hour PMIC Qualifying Course

PERSONAL INFORMATION:

Legal Name: _____ License Number (if applicable) _____

Home Address: _____
 (Street, City, State, Zip Code)

Mailing Address (If different than above): _____

Date of Birth: _____ Social Security: _____

Phone: _____ Email: _____

Sex: M F Race (For statistical purposes only): _____

OFFICE INFORMATION:

Company Name: _____ Office Code: _____
 (If pre-existing SC Office)

Street Address: _____
 (Street, City, State, Zip Code)

Mailing Address (if different than above): _____

Office PH: _____

REAL ESTATE WORK EXPERIENCE (Past 5 years, attach supplemental sheet if necessary)

Company: _____ Position: _____ Dates: _____

Company: _____ Position: _____ Dates: _____

Company: _____ Position: _____ Dates: _____

DISCIPLINARY QUESTIONS:

1. Have you ever been convicted of or pled guilty or nolo contendere to a crime (other than a minor traffic offense) that has not been previously disclosed to the South Carolina Real Estate Commission? If yes, attach a full written explanation. Include all pertinent information such as charges, dates, locations and sentences. In addition, provide official state criminal background report(s) from the state(s) where the violation(s) occurred.

YES NO

2. Have you ever been denied a license/registration to practice a profession or occupation in any state or has any disciplinary action that has not been previously disclosed been taken against your license in any state? (If yes, explain on a separate sheet)

YES NO

ATTESTATION:

- **I hereby affirm** that I have established an escrow account in a bank authorized to do business in South Carolina and that I understand I am responsible for the maintenance of this account. List name and address of bank (required).

Bank Name: _____ Bank Address: _____

- **I hereby authorize** a representative of the Real Estate Commission to inspect all records that I may have pertaining to the property management business; including my trust or escrow account and bank records of such trust or escrow account.
- **I certify** that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided or in connection with this application may be investigated and verified, and 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.
- **I hereby represent** and warrant to the Commission that I will, at all times, comply with the South Carolina Real Estate License Law and Regulations.

Signature

Print Name

Date

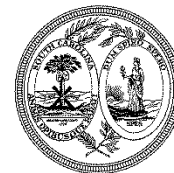
Privacy Act Disclosure:

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.



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)