



South Carolina Department of Labor, Licensing and Regulation

South Carolina Building Codes Council

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4688 • contactllr@llr.sc.gov • Fax: 803-896-4814

www.llronline.com/POL/BCC/



HOW TO APPLY FOR A SPECIAL INSPECTORS REGISTRATION

General Information

- Registrations are issued on a biennial (two year) cycle
- Each registration cycle starts on July 1 of each odd numbered year All registrations expire on June 30 of the next odd numbered year
- No person may practice as a special inspector without a current registration
- There is no grace period for practice if not reregistered by June 30
- Unregistered practice carries a maximum fine of \$10,000
- Similar licenses or registrations from other states will be evaluated for equivalency Registration fees are not prorated
- Limited and Provisional Registration Classifications are not available for special inspector registrants
- **Per Section 6-8-40(a):...**"an architect licensed by the Board of Architectural Examiners of this State or an engineer registered by the Board of Professional Engineers and Land Surveyors of this State may practice as a special inspector without additional registration required by this chapter.

Initial License

- Submit a completed Special Inspector Registration Application
- Submit copies of all special inspectors certifications
- \$50.00 application fee payable to the SC Building Codes Council

License Renewal

- Submit a completed Special Inspector Registration Application
- Submit proof of continuing education
- \$50.00 application fee payable to the SC Building Codes Council

Continuing Education Requirements for Code Enforcement Officers

- 24 hours of continuing education per license cycle
- Reporting period is from July 1st to June 30th of each odd numbered year
- Continuing education cannot be carried over to a new license cycle

SPECIAL INSPECTORS REGISTRATION CLASSIFICATIONS

Reinforced Concrete (RC)

Welding (SW)

High Strength Bolting (HSB)

Steel Frame (SF)

Non-destructive Testing (NDT)

Structural Masonry (SM)

Earth Work (EW) Which includes Excavation and Filling, and, Verification of Soils

Modular Retaining Walls (MRW)

Deep Foundations (DF)

Post-tension Cables (PTC)

Sprayed Fire Resistive Material (FP)

Exterior Insulation and Finish System (EIFS)

Smoke Control (SC)

Pre-cast Fabrication (PCF)

Seismic Resistance (SR)

Retention Basins (RB)



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APPLICATION FOR REGISTRATION OF SPECIAL INSPECTORS

Include with Application:

- Check or Money Order for the \$50 application processing fee made payable to **SC Building Codes Council**. A returned check fee of up to \$30, or an amount specified by law, **may** be accessed on all returned funds.
- Copy of your valid driver's license, State Issued ID or Passport.
- Copy of social security card.
- Completed and notarized **Verification of Lawful Presence Form**
- Proof of Certifications are required

Per Section 6-8-40(a):... "an architect licensed by the Board of Architectural Examiners of this State or an engineer registered by the Board of Professional Engineers and Land Surveyors of this State may practice as a special inspector without additional registration required by this chapter.

Check classification(s) below that you are applying for:

- | | | |
|--|----------------------------|--------------------------------------|
| Deep Foundations (DF) | Post-Tension Cables (PTC) | Sprayed Fire Resistive Material (FP) |
| Exterior Insulation & Finish System (EIFS) | Pre-Cast Fabrication (PCF) | Steel Frame (SF) |
| Earth Work (EW) | Reinforced Concrete (RC) | Structural Masonry (SM) |
| High Strength Bolting (HSB) | Retention Basins (RB) | Welding (SW) |
| Modular Retaining Walls (MRW) | Seismic Resistance (SR) | |
| Non-Destructive Testing (NDT) | Smoke Control (SC) | |

Applicant: _____ Maiden: _____

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

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

Employer: _____

Address: _____ County: _____
(Street, City, State & Zip)

Date of Birth: _____ Social Security # _____ Cell Phone: _____

Email address: _____ Telephone: _____

Supervised by: _____ BCC Registration #: _____

1. Within the past seven (7) years, have you been found guilty, pleaded guilty or entered a plea of nolo contendere to a felony or any other crime of moral turpitude in any court of competent jurisdiction? If yes, attach a written explanation.

YES NO



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)