



South Carolina Department of Labor, Licensing and Regulation
South Carolina Contractor's Licensing Board

110 Centerview Drive, Columbia, SC 29210 (overnight mail)
P.O. Box 11329, Columbia, SC 29211-1329 (regular mail)
Phone (803) 896-4686 Fax (803) 896-4814
www.llr.sc.gov/pol/contractors



GENERAL & MECHANICAL CONTRACTOR'S - REVISION APPLICATION
Document #180 - INSTRUCTIONS

1) INCREASE A LICENSE LIMIT:

Complete Sections A, B, and E.

Financial Statements: ALL FINANCIAL STATEMENTS MUST BE ON A "GAAP" BASIS! INCOME-TAX BASIS FINANCIALS ARE NOT ACCEPTED. ALL "COMPILED", "REVIEWED", AND "AUDITED" FINANCIAL STATEMENTS MUST BE PREPARED BY A LICENSED CPA OR PA TO INCLUDE THE ACCOUNTANTS' REPORT, NOTES AND ALL DISCLOSURES REQUIRED BY GAAP. Submit a financial statement in your DBA "doing business as" name for any time period within 12 months of the date of this application. Personal financials are only accepted for a Sole Proprietorship, Partnership, or Sole Member LLC. **Groups 1 & 2:** submit a **notarized** balance sheet (or use Doc #172); **Groups 3 & 4:** submit a **compiled** GAAP financial statement; **Group 5:** submit a **full audited** GAAP financial statement. "Grandfather" licensees must pass the PSI technical exam before requesting to upgrade license above Group 1 (Call PSI 800-733-9267 to schedule exam). Do not submit statements glued, coiled, wire-bound, etc.; stapled is preferred.

2) ADD A QUALIFYING PARTY (QP) or CLASSIFICATION:

Complete Sections A, D(1), E, and the Affidavit of Eligibility (new QP's must submit copy of social security card & picture ID, i.e. driver's license).

PSI Applicants: New QP's must submit the PSI technical exam passing score sheet **and** the Business Management & Law exam score sheet; current S.C. QP's do not have to resubmit score sheets. Copy Sections D and E for each additional QP. Retain all original documents for your records. For testing information call PSI at 800-733-9267. The "Experience Affidavit" page must be completed by all new QP's.

Waiver Applicants: You must have passed a technical exam in one of our participating states (see page 3); otherwise, you will be required to take the appropriate PSI exams. You must not have any outstanding complaints with any professional licensing agency, and be currently licensed in good standing. Submit the completed application with an "Examination Waiver" form or certification letter from your state licensing board (copies of licenses or certificates or internet copies are not accepted). MASC applicants can submit a copy of their trade cards. You are exempt from having to complete the "Experience Affidavit", page 4. However, you must pass the SC Business Management & Law exam; Contact PSI at 800-733-9267 to schedule.

Non-technical classification Applicants: You must submit 2 years of work experience within the past 5 years (see page 4). You must also pass the SC Business Management & Law exam. To schedule, call PSI at 800-733-9267.

GENERAL CLASSIFICATIONS: Asphalt Paving, Boiler Installation, Boring & Tunneling, Bridges, Building, Concrete, Concrete Paving, General Roofing, Glass & Glazing, Grading, Highway, Highway Incidental, Interior Renovation, Marine, Masonry, Pipelines, Pre-Engineered Metal Buildings, Public Electrical Utility, Railroad, Specialty Roofing, Structural Framing, Structural Shapes, Swimming Pools, Water & Sewer Lines, Water & Sewer Plants, Wood Frame Structures.

MECHANICAL CLASSIFICATIONS: Air Conditioning, Electrical, Heating, Lightning Protection Systems, 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), Plumbing, Pressure & Process Piping (no boiler work), Refrigeration.

3) CHANGE BUSINESS NAME, ADDRESS, or CORPORATE OFFICERS:

Name & address changes: Complete Sections A, C and E. Officer changes: Complete Sections A, E, and F.

For name changes with the same Fed ID No. and style of business, and for address changes, put your current information in Section A, and your new information in Section C. For corporate name changes with the same Fed ID No. and style of business, enclose a copy of your company's amended corporate charter.

If your Federal ID No. or style of business changed (i.e. from a Corporation to an LLC, etc.) within the past 15 business days, complete this application and submit the Secretary of State Certificate of Amendment; or your company's Articles of Amendment. If your change was made more than 15 business days ago, **do not complete this form**. You must submit a new application, Doc 165, a financial statement and license fee; you will be issued a new license number. You can download Doc 165 from www.llr.sc.gov/pol/contractors.

S.C. SECRETARY OF STATE Requirement: Business corporations, nonprofit corporations, limited liability companies, limited partnerships and limited liability partnerships must be registered (803-734-2158 or http://www.sos.sc.gov/Business_Filings). Sole proprietorships and general partnerships are not required to be registered.

4) DELETE A QP or REQUEST INACTIVE STATUS:

Complete Section A, D(2), and E.

inactive Status: To reactivate an inactive or lapsed license, download and submit an initial application, Doc 165, from our website at www.llr.sc.gov/pol/contractors, and submit with a current financial statement and fee

***** KEEP THIS PAGE, AND COPY ALL SUBMITTED DOCUMENTS FOR YOUR RECORDS *****



S.C. CONTRACTOR'S LICENSING BOARD

General / Mechanical REVISION APPLICATION

www.llr.sc.gov/pol/contractors

Document #180

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FOR OFFICE USE ONLY

Action taken:

- Upgraded from to
Name change Address change
New QP
QP#, if applicable.
Added class(es)
Other:

Date Action Completed:
Employee initials:

NOTE: Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law.

- Check all that apply: Requesting Inactive Status (NO FEES REQUIRED)
Submitting a Revision (NO FEES REQUIRED)
Increasing License Group Limit Address Change
Adding Qualifier(s) Deleting Qualifier(s) Name Change
Adding Classification(s) Updating Officers
Other:

SECTION A

LICENSEE INFORMATION: (as it currently appears on your license card)

Licensed Name: SC License:
Business Address: Street, City, State, Zip SC County
Mailing Address: P.O. Box/Street, City, State, Zip SC County
Business Telephone: () Fax: ()
Name of Owner/President: Federal ID No:
Email Address(es):

SECTION B EFFECTIVE 06/03/2016, NEW GROUP LIMITATIONS PER BID/JOB and NEW NET WORTH REQUIREMENTS BELOW CHANGE \$\$ LIMITS: Select the group for increase. Attach the appropriate financial statement.

GENERAL CONTRACTORS GAAP basis financials only!

SELF-PREPARED FINANCIAL STATEMENT

* Notarized Balance sheet or Document #172

- Group 1..... \$50,000 limit per contract..... Net worth - \$10,000
Group 2..... \$200,000 limit per contract..... Net worth - \$40,000

COMPILED (or REVIEWED) FINANCIAL STATEMENT

* GAAP basis financials w/all disclosures. Tax-basis not acceptable

- Group 3..... \$500,000 limit per contract..... Net worth - \$100,000
Group 4..... \$1,500,000 limit per contract... Net worth - \$175,000

FULL AUDIT fbchF9J9K 98 FINANCIAL STATEMENT

* GAAP basis financials w/all disclosures. Tax basis not acceptable

- Group 5..... \$Unlimited per contract..... Net worth - \$250,000

MECHANICAL CONTRACTORS GAAP basis financials only!

SELF-PREPARED FINANCIAL STATEMENT

* Notarized Balance sheet or Document #172

- Group 1..... \$17,500 limit per contract..... Net worth - \$3,500
Group 2..... \$50,000 limit per contract..... Net worth - \$10,000

COMPILED (or REVIEWED) FINANCIAL STATEMENT

* GAAP basis financials w/all disclosures. Tax-basis not acceptable

- Group 3..... \$100,000 limit per contract..... Net worth - \$20,000
Group 4..... \$200,000 limit per contract..... Net worth - \$40,000

FULL AUDIT fbchF9J9K 98 FINANCIAL STATEMENT

* GAAP basis financials w/all disclosures. Tax-basis not acceptable

- Group 5*..... \$Unlimited per contract..... Net worth - \$200,000

SECTION C

CHANGE OF BUSINESS NAME, ADDRESS or CORPORATE OFFICERS: Attach amended corporate charter if this is a corporation name change. If the Federal ID No. or style of business has changed, do not complete this form; you must submit a new application (Doc 165) and meet all initial application requirements.

Style of Business: Sole Proprietorship Partnership Corporation LLC LLP
New Business Name: Federal ID No:
New Physical Address: Street, City, State, Zip SC County
New Mailing Address: P. O. Box or Street, City, State, Zip SC County
Business Telephone: () Fax: ()

SECTION D

(1) ADDING A NEW QUALIFIER "QP" or ADDING NEW CLASSIFICATION:

Are you a current SC general or mechanical qualifier? No Yes – If yes, select one of the boxes below.

- I am requesting to transfer my qualifications from the following previous license#: _____.
- I am requesting to be a dual qualifier for two entities (you must submit Doc #173 and meet all 4 requirements).

QUALIFYING PARTY "QP" - The individual qualifying by Exam, Reciprocity, or transferring from another licensed general or mechanical entity: Copy this section for each additional qualifier being added. **QP must submit copy of SS card and picture ID** unless already on file.

Qualifier's Name: _____ *Soc. Sec.: _____
(Individual Qualifying by Exam or Waiver) (submit copy of SS card)

Home Address: _____
Street , City, State, Zip SC County

Home Telephone : () _____ Position with the License Applicant: _____

Date of Birth: _____ Driver's License and State Issued: _____

License Classification(s) you hold: _____

How are you adding your classification(s): By Exam (attach PSI score sheets) By Waiver (attach your state's license verification form)

Answer all 3 questions. Any "Yes" answers must be accompanied with a written explanation and supporting legal documentation, i.e. court documents stating the disposition, payment arrangement correspondence, documentation of dispute, etc.

- Have you ever been arrested, indicted, convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law? Is any complaint or violation pending, under investigation, or has any action been taken against your license in any jurisdiction? Yes No
- Have you been denied a license to practice general or mechanical contracting in this state or any other state? Yes No
- Have any judgments, liens or claims been filed against you or any business you were associated with? Yes No

Qualifying Party Signature <i>(must submit copy of SS card and picture ID (i.e. driver's license)</i>	Title <i>ID's already on file (if ID's not found on file, application will be delayed until received)</i>	Date
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(2) DELETING A QUALIFIER "QP" (disregard if not applicable):

Deleted Qualifier Name: _____ Last 4 of SSN: _____ Date Terminated: _____

Deleted Qualifier Name: _____ Last 4 of SSN: _____ Date Terminated: _____

SECTION E

This section must be completed by the OWNER/PRESIDENT/AUTHORIZED REPRESENTATIVE.

Owner/President/Authorized Representative Printed Name: _____

Answer all 3 questions. Any "Yes" answers must be accompanied with a written explanation and supporting legal documentation, i.e. court documents stating the disposition, payment arrangement correspondence, documentation of dispute, etc.

- Since your last submitted application or renewal, have you been arrested, indicted, convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law? Is any complaint or violation pending, under investigation, or has any action been taken against your license in any jurisdiction? Yes No
- Have you been denied a license to practice general or mechanical contracting in this state or any other state? Yes No
- Have any judgments, liens or claims been filed against you or any business you were associated with? Yes No

I have read, understand and meet all criteria pertaining to the classification(s) in which we are applying from Section 40-11-230 of the SC General and Mechanical Contracting Act and hereby agree to abide by these laws and codes. 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 may result in the denial of a license and may be subject to civil and criminal proceedings.

Owner/President/Authorized Representative Signature	Title	Date
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Sworn and subscribed before me this _____ day of _____, 20 _____

Signature _____ My Commission Expires _____

SECTION F

CHANGE/UPDATE OF CORPORATE OFFICERS:

List names of NEW corporate officers, along with the additional information requested.

Name	Title	DOB	Address	Telephone

RECIPROCITY/WAIVER AGREEMENTS:

Exam must have been taken and passed having attained a grade of 70% or better for the state and classifications listed below. Obtain a "Certification of Licensure" or "Examination Waiver Form" from your state board and enclose the original form. Copies of a license or certificate are not accepted.

- Alabama:** Electrical
- Georgia:** Electrical (Non-Restricted Electrical) AC & HT (Non-Restricted Conditioned Air, exam passed after 06/30/80)
- Louisiana:** Asphalt Paving (Asphalt Hot & Cold Plant Mix and Asphalt Surface Treatment);
 Boring & Tunneling (Tunnels); Bridges (Concrete, Steel, & Wood Bridges); Building (Building Construction);
 Concrete Paving (Paved Highways, Concrete & Soil Treatment); Pipelines (Transmission Pipeline)
 Grading (Earthwork, Drainage, & Levees); Water & Sewer Lines (Sewer, Storm Drains & Waterlines);
 Water & Sewer Plants (Filter Plants & Water Purification); Pressure & Process Piping (Industrial Piping)
- Mississippi:** Building; Electrical
- North Carolina:** Intermediate/Unlimited Electrical; Building; Water & Sewer Lines; Water & Sewer Plants;
 Grading; Roofing; Highway (exam passed prior to 04/01/1999)
- Ohio:** Electrical; Plumbing; Packaged Equipment (HVAC)
- Pennsylvania:** Electrical (Reading, Pennsylvania ONLY)
- Tennessee:** Building (Limited Building – BC-A,b, BC-b, BC-C; Unlimited Building – BC, BC-A,B, BC-B, BC-B,C)
 Electrical (CE); Plumbing (CMC-A); AC, Refrigeration & Plumbing (CMC/Mechanical);
 AC & Refrigeration (CMC-C)
- Texas:** Packaged Equipment (Class B Air Conditioning or Class B Air Conditioning/ Refrigeration);
 AC & HT (Class A Air Conditioning/Refrigeration or Class A Air Conditioning); Electrical (Master Electrician);
 Refrigeration (Class A Refrigeration);
- Utah:** Unlimited Building (B100); Limited Building (R100); Concrete (S260); General Roofing (S280);
 Air Conditioning (S350); Packaged Equipment (S351); Heating (S353); Glass & Glazing (S240);
 Electrical (S200); Grading (S310); Refrigeration (S360); Structural Framing (S320);
 Swimming Pools (S380); Water & Sewer Lines (S390);
- The Municipal Association of South Carolina (MASC):** Enclose a copy of (1) MASC certification letter, or (2) a current MASC certification card for the following: Master Plumber; Master Electrician; Master HVAC

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)



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: _____