



**South Carolina
Department of Labor, Licensing and Regulation**



110 Centerview Drive
Post Office Box 12517
Columbia, SC 29211-2517
Phone: (803) 896-4696
Fax: (803) 896-4525 or (803) 896-4570
www.llronline.com

Mark Sanford
Governor

Adrienne Riggins Youmans
Director

Office of Licensure and Compliance

Residential Builders Commission

REINSTATEMENT RESIDENTIAL HOME INSPECTOR LAPSED FORM 2010-2012

Credential Number: _____

Fee: \$170.00 (if license expired in 2010)

Contact Name: _____

Fee: \$190.00 (if license expired in 2008 or 2009)

Mailing Address: _____

City: _____ **State:** _____ **Zip code:** _____

ALL FEES ARE NON-REFUNDABLE

Please write your **License Number** on your check; make check payable to **SCRBC** and return it with this form to the address listed above. We gladly accept your checks. When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid.

Indicate any company name, address change below. (Please Print)

Business Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Please answer the following questions. If your answer to any questions is yes, please explain on a separate sheet of paper and return it with your reinstatement application

- | Yes | No | Reinstatement Questions: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Since your last application, have you been denied a license as a home builder, specialty contractor or general contractor in this state or any other state? |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Since your last application have you been arrested, indicted, convicted, pled guilty or nolo contendere for violation of any federal, state, or local law (other than minor traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Have there been any judgments, liens or claims filed against you or any business with which you have been associated with in the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Is any complaint pending, under investigation, or has any action been taken against your license in any jurisdiction? |

SIGNATURE:

I certify that all statements herein are true 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 and the institution of appropriate civil and criminal proceedings.

Signature of Applicant

Date

NOTES: You are required to immediately notify the Commission, in writing, of any name and/or address changes. Name changes require a copy of legal documentation (i.e., marriage license, divorce decree, court order).



South Carolina Department of Labor, Licensing and Regulation
PO Box 12517
Columbia, SC 29211

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. Social Security Number _____

3. 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.)

4. What is the secure and verifiable document number? _____

5. 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.