

APPLICANTS INSTRUCTIONS & GENERAL INFORMATION

PLEASE READ!!

- All applications will be processed within 7-10 business days (please allow this time before calling to check the status) or check online at www.llr.state.sc.us/pol/residentialbuilders under Board Site Map and click on Online Service.
- Applicants should keep a copy of any application and attachments filed with this office.
- Choose up to 3 classifications that are listed on the application.
- Affidavit must show 1 year of experience for each classification chosen (up to 3).
- Applications not found in complete order will be returned.
- Applications must be properly signed and notarized.
- If the social security number is not provided or incorrect, the application will be returned.
- Applicant's legal name is required to insure no further delays in the application process.

FEES

- *\$100 fee if the registration is issued during 7/1/09-6/30/10; and \$50 during 7/1/10-6/30/11.*
- The registration fee is due at the time you submit your application to our office.
- All new applicants must submit a certified check or money order.
- Any personal or company checks will result in your application being returned.

APPLICATION QUESTIONS

- Applicants are required to answer all the questions either Yes or No.
- If any question is answered "Yes" and no information is attached, the application will be returned. **(A criminal or sled report is needed for any yes answer to a criminal offense)**
- If any question is left unanswered, the application will be returned.

REFERENCES

- All applicants are required to submit three (3) letters of reference.
- These references should demonstrate that the applicant has good character, skills and knowledge.
- References should provide general experience with the applicant.
- Format letters may not be accepted.
- All reference letters should reflect the applicant and not the company.
- Any applications without the required number of references will be considered incomplete, and the application will be returned.

APPLICATION REVIEW PROCESS

- Applications submitted must be correct in order to complete the process.
- The processing steps are as follows:
 - Applications meeting all requirements and payment of fees are received.
 - Applications are reviewed for accuracy and completeness.
 - All applicants applying for registration must submit to a credit report.
 - Applications that are incomplete and/or have credit discrepancies will be returned.
 - If work to be performed is \$5,000 and over, you must submit a surety bond **(original copy signed with the power of attorney)** in the amount approved by the Commission **(\$5,000)** to our office.
 - Applications approved and found in complete order will be issued a registration.

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

Residential Builders Commission
Office of Licensure and Compliance

110 Centerview Drive
P. O. Box 12517
Columbia, SC 29211-2517
Telephone (803)896-4696 Fax (803)896-4525

RESIDENTIAL SPECIALTY CONTRACTOR APPLICATION

REGISTRATION FEES

FOR

OFFICE USE ONLY

(ALL FEES ARE NON-REFUNDABLE)

All Registrations renew odd years, 2009, 2011, 2013.
\$100 If the license is issued for more than 12 months, before the next renewal date.
\$50 If the license is issued for 12 months or less, before the next renewal date.

Table with 3 columns and 5 rows: LICENSE, FISCAL, CC, ACTION, APPROVAL

A. APPLICANT INFORMATION (Please Print)

Applicant: Last First MI

Date of Birth:

Business Name:

Address: Street/P O Box City State Zip County:

Phone: Fax:

Home Address: Street City State Zip

Phone:

B. Answer the following questions

- 1. Have you ever been denied a license to practice in any of the homebuilding specialties checked or any similar occupational or professional license?
2. Have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)?
3. Are you currently licensed as a home builder, specialty contractor in any other state?
4. Have there been any judgements, liens or claims filed against you or business entities you have are associated with in the past 5 years?
5. Are you currently delinquent with child support obligations?

(If your answer to any of these questions is yes, please explain on a supplemental sheet)

C. Please check the classifications below in which you wish to be registered

(DO NOT CHECK MORE THAN (3) THREE)

- () 01 - VINYL/ALUMINUM SIDING () 06 - DRYWALL HANGER
() 02 - INSULATION INSTALLER () 07 - CARPENTER
() 03 - ROOFING () 08 - STUCCO INSTALLER
() 04 - FLOORING COVERING () 09 - PAINTER/WALL PAPER
() 05 - MASONRY

D. 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 registration issued pursuant to this application and the institution of appropriate civil and criminal proceedings.

Signature of Applicant

Title

Date

Sworn and Subscribed before me this _____ day of _____, _____ year

Notary Public

My Commission Expires

NOTES

- 1. Be sure to check only the three classifications you wish to register. If you wish to work in more than three classifications you must obtain a residential homebuilders license.**
- 2. Be sure to complete and attach the affidavit of work experience.**
- 3. Attach your signed, original surety bond if any job or contract will exceed \$5000.00.**
- 4. Registrations expire on June 30 regardless of date issued.**
- 5. It is the registrant's responsibility to notify this office on any change of address or company name.**

GENERAL INFORMATION

- 1. Registration with the South Carolina Residential Builders Commission is required when the cost of any single job exceeds \$200.00.**
- 2. Pursuant to Section 40-59-250: (A) Any person making an initial application to the Commission for licensure as a residential builder or registration as a residential specialty contractor shall first submit to a credit report.**
- 3. Pursuant to Section 40-59-240: (D) When the cost of an undertaking performed by a residential specialty contractor for an individual property owner exceeds five thousand dollars (\$5,000), the residential specialty contractor must obtain an executed bond with a surety in the amount approved by the Commission. This bond must be in the name of the specialty registrant, not the company and in the amount of \$5000.00.**
- 4. An applicant for registration as a residential specialty contractor must submit an affidavit of work experience or resume of his work history and experience as referred to by Section 40-59-240 (B) of the South Carolina Code.**

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.**

AFFIDAVIT OF WORK EXPERIENCE

CHECK BELOW THE CLASSIFICATION(S) IN WHICH YOU WISH TO BECOME REGISTERED AND INDICATE IN THE SPACE PROVIDED THE NUMBER OF YEARS EXPERIENCE YOU HAVE ACQUIRED IN EACH CLASSIFICATION.

PLEASE SUBMIT 3 WRITTEN LETTERS OF REFERENCES ON YOUR WORK EXPERIENCE. (Personal, Supplier, or Other)

() 01 - VINYL/ALUMINUM SIDING _____ YEARS

() 02 - INSULATION INSTALLER _____ YEARS

() 03 - ROOFING _____ YEARS

() 04 - FLOOR COVERING _____ YEARS

() 05 - MASONRY _____ YEARS

() 06 - DRYWALL HANGER _____ YEARS

() 07 - CARPENTER _____ YEARS

() 08 - STUCCO INSTALLER _____ YEARS

() 09 - PAINTER/WALL PAPER _____ YEARS

I CERTIFY THE NUMBER OF YEARS EXPERIENCE I HAVE INDICATES IN EACH CLASSIFICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ SIGNATURE _____

PRINT NAME _____

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 882-414 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 databases 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.

LICENSE BOND

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS that we

_____, as Principal, and _____, a Surety Company authorized to do business in the State of South Carolina, as Surety, are held and firmly bound unto the South Carolina Residential Builders Commission, State of South Carolina, as obligee in the sum of _____ Thousand Dollars (\$____,000.00) lawful money of the United States of America. We bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bonded Principal has applied to the South Carolina Residential Builders Commission pursuant to Section 40-59-10 *et seq.* of the 1976 Code of Laws of South Carolina, as amended (the Act), to be granted an authorization to engage in residential construction as a _____ Residential Builder (\$15,000) _____ Licensed Residential Specialty Contractor (HVAC, plumber, or electrician) (\$10,000) _____ Registered Residential Specialty Contractor (\$5,000); and

WHEREAS, the above bonded Principal is required in Section 40-59-220 of the Act to furnish the Commission with a good and sufficient surety bond as one method of complying with one of the conditions upon which the authorization is granted.

NOW, THEREFORE, the condition of this bond is such that if the above bonded Principal shall in all respects comply with the rules and regulations pertaining to Residential Construction Standards and Health and Safety requirements in this state, then this obligation shall be void; otherwise it is to remain in full force and effect.

This bond is in full force and effect as to the above statutory and regulatory obligations of the Principal for the license term of _____ through _____ unless renewed by continuation certificate; however, the Surety shall have the right to cancel this bond at any time by filing written notice with the South Carolina Residential Builders Commission of its intention to so cancel, giving at least thirty (30) days notice prior to the effective date of the cancellation. This provision, however, shall not operate to relieve, release or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the thirty (30) day period.

Regardless of the number of years this bond may remain in force or the number of claims against this bond, the liability of the Surety shall not be cumulative and the aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed the sum of _____ Thousand Dollars (\$____,000.00) for any license year.

Claims may be initiated only through authorization by the Commission which must validate the claim and determine the amount of loss or damage. No complaint may be maintained to enforce any liability on this bond unless brought within eight (8) years after the event giving rise to the cause of action. No right of action shall accrue upon or by reason of this bond to or for the use or benefit of anyone whatsoever other than the Commission.

Witness our hands and seal this _____ day of _____, _____.

Name of Surety Company (Print)

Name of Principal (Print)

By: _____
Signature of Surety (Attorney-in-Fact)

By: _____
Signature of Principal