

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

Residential Builders Commission
Office of Licensure and Compliance

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

APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA)

Fees: License Fee - \$100.00

Renewal Fee -\$100.00

Make check payable to: LLR - Residential Builders Commission
(Money Order or Cashier's Check Only)

1. Licensee Information: This section must be answered by the business entity seeking a certificate. You must sign contracts, apply for permits, conduct business and advertise in the name that appears on your license card. This certificate authorizes the business entity to engage in a regulated profession or occupation.

Applicant/DBA: \_\_\_\_\_
Name in which entity will be conducting business

Mailing Address: \_\_\_\_\_
P. O Box/Street City State ZIP County

Business Address: \_\_\_\_\_
Street City State ZIP County

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Federal ID # \_\_\_\_\_
For Corp, P, LLC, or LLP

Fax Number:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Individual/Sole Proprietorship Partnership Corporation LLC LLP

Name of Owner/Principal Officer(s) Title

2. QUALIFYING PARTY INFORMATION: The applicant must have an individually licensed person to serve as a qualifying party at each branch and supervise the field and office building work or services provided from that branch. This must be a licensed home builder, licensed home inspector, or registered specialty contractor depending on the nature of the business entity's activities. The qualifying party may be in responsible charge of only one place of business at a give time.

Name of Qualifying Party: \_\_\_\_\_

Home Address: \_\_\_\_\_
Street City State Zip County

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

3. State of Original Incorporation: \_\_\_\_\_ Date: \_\_\_\_\_

(If other than South Carolina, corporations must be registered with South Carolina Secretary of State as a foreign corporation, and a copy of the registration certificate must be attached to Original submittal of this COA application form. All corporations shall complete the following):

(a) Date of Certification by S. C. Secretary of State \_\_\_\_\_

(b) South Carolina Tax No. \_\_\_\_\_

(c) Registered Agent of Due Process \_\_\_\_\_

(d) Address of Registered Agent \_\_\_\_\_



**6. AFFIDAVIT OF OWNER/PRESIDENT OR AUTHORIZED COMPANY REPRESENTATIVE**

See Section 40-59-410(H) for further clarification. The qualifier(s) listed on this application is a full-time employee in a responsible management position with the applicant requesting this license. 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 or denial of a license issued pursuant to this application and may be subject to civil and criminal proceedings. I agree all information in this application may be verified and investigated. I have read, and I am familiar with the South Carolina Code of Laws and regulating residential building, specialty contracting or home inspecting and hereby agree to abide by such laws.

\_\_\_\_\_  
Authorized Company Representative                      Title                      Date

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_

**NOTES:**

- 1. All licenses are renewable on July 1 of each year, regardless of when the license is issued.**
- 2. It is the firm’s responsibility to notify this office of any changes of address or employment.**
- 3. All applicants must obtain an executed surety bond approved by the Commission in the sum of fifteen thousand dollars (\$15,000) in the firm’s name according to Section 40-59-410 (B) (2).**

**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 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. 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 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.*