

**SOUTH CAROLINA MANUFACTURED HOUSING BOARD
CONTRACTOR/REPAIRER/INSTALLER
UPDATE/RENEWAL APPLICATION INSTRUCTIONS**

1. Application must be typed or printed in black or blue ink only.
2. All sections must be completed and all questions must be answered.
3. Application must be signed and notarized.
4. Surety Bond in the amount of \$5,000.00 made payable to the South Carolina Manufactured Housing Board.
5. Check or money order made payable to the Manufactured Housing Board in the amount:

Contractor Update	\$10.00
Repairer Update	\$10.00
Installer Update	\$10.00
Contractor Renewal	\$100.00
Installer Renewal	\$100.00
Repairer Renewal	\$100.00

A late fee will be assessed for RENEWAL applications received after June 30th for contractors, repairers and installers in the amount of twenty-five (\$25.00) per month, however, the total accrual for late fees shall not exceed the sum of one hundred fifty dollars (\$150.00). After six (6) months applicant must apply for initial licensure.

6. If there is a change in the corporate structure of your company, please submit Articles of Incorporation and SLED reports on any new officers. All renewal applications must be accompanied by a current criminal background check (**SLED REPORT**). Any renewal application without this will be returned. Web Site www.sled.state.sc.us or you may contact Sled at (803)896-7043.
7. Mail completed application, surety bond and fee to the following address:

**SOUTH CAROLINA MANUFACTURED HOUSING BOARD
SYNERGY OFFICE PARK
POST OFFICE BOX 11329
110 CENTERVIEW DRIVE KINGSTREE BUILDING
COLUMBIA, SOUTH CAROLINA 29211**

**THIS APPLICATION IS TO BE FILLED OUT BY
CONTRACTORS/REPAIRER/INSTALLERS ONLY!
INCOMPLETE APPLICATIONS WILL BE RETURNED!**

SOUTH CAROLINA MANUFACTURED HOUSING
CONTRACTORS/REPAIER/INSTALLER UPDATE/RENEWAL APPLICATION

FEES:

Update: \$10.00 ___ Contractor ___ Repairer ___ Installer
Renewal: \$100.00 ___ Contractor ___ Repairer ___ Installer

FOR OFFICE USE ONLY
FY: _____
Lic#: _____
Date of Issue: _____
Imaging Code: _____

1. Name _____
(Last) (First) (Middle)
2. D.B.A. Name ("DOING BUSINESS AS," IF APPLICABLE): _____
3. Location of Business: _____
(Street, Highway, etc.) (City/State) (Zip Code)
4. Mailing Address: _____
(P.O. Box, Drawer, etc.) (City/State) (Zip Code)
5. Business Telephone: _____
6. Date of Birth: _____ Social Security Number: _____
7. Are you a United States citizen or legal permanent resident eighteen years of age or older?
Yes ___ No ___
8. If you answered no, are you a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States? Yes ___ No ___
9. Have your South Carolina Tax Commission or Federal Identification Number changed since the last license was issued? ___ Yes ___ No. If yes, please provide new information: _____
10. Is this a corporation? ___ Yes ___ No. If yes, give the state of the incorporation: _____
List the names of the individual principal officers and their percent of business ownership: also, list the name(s) of any other individual(s) who has 5% or more financial interest in the business:

NAME	% OWNERSHIP	TITLE	DATE OF BIRTH	SS#
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If no, have you complied with the laws of South Carolina regarding qualifications for doing business in this State? ___ Yes ___ No. If no, explain: _____

Is this a Partnership? ___ Yes ___ No. Is this a Sole Proprietorship? ___ Yes ___ No. If applicable, a copy of the Articles of Incorporation or Partnership Agreement must accompany this application.)

11. Please indicate previous license number(s): _____
12. Have your license ever been revoked, lapsed, suspended, canceled, etc.? ___ Yes ___ No. If yes, please indicate when and why? _____
13. Has applicant ever appeared or been ordered to appear before the SC Manufactured Housing Board? ___ Yes ___ No. (If yes, give details). _____
14. Has any owner, partner, corporate officer or director within the past seven (7) years been found guilty, or entered a plea of nolo contender in this or any other state or jurisdiction for forgery, fraud, embezzlement, obtaining money under false pretenses, extortion, conspiracy to defraud, bribery or any other crime involving moral turpitude or been convicted of a felony? ___ Yes ___ No. If yes give details on a separate sheet.

AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute

the cause for denial or revocation of my license to practice _____
in South Carolina.

Applicant's Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public _____

My Commission Expires: _____

Seal required here

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

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 the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number _____; Date of Expiration: _____
- A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: _____; Number _____; Date of Expiration: _____.
- Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- 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 the secure and verifiable document(s) was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____
(Include a copy of the card with the Affidavit)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- 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.

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 Law requires that every individual who applies for an occupational or professional license provide a social security 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.

06/28/12 Affidavit of Eligibility
10/05/12 Revised