



**South Carolina Department of Labor, Licensing and Regulation  
South Carolina Contractors' Licensing Board**

110 Centerview Dr Columbia SC 29210  
PO Box 11329 Columbia, SC 29211-1329  
803-896-4686 FAX 803-896-4814



<http://www.llr.state.sc.us/pol/contractors>

**BURGLAR and/or FIRE ALARM BUSINESS  
LICENSE APPLICATION INSTRUCTIONS**

**Document 130**

In order to determine if you qualify for licensure, please read all of the information listed in each section in the application and on the instruction pages carefully before you complete each section in the application. Disregard any items that do not apply to your situation. The application must be typed or printed in ink. If you need a copy of the South Carolina Code of Laws regulating alarm businesses, you may go to the above website and print the law from the Internet or call this office.

**1. Registration of Employees:**

- Qualifying parties must complete sections 3 and 4 and the owner/president must complete sections 1, 2 and 5 in this application.
- Any owner, partner, officer or employee of a licensed burglar alarm business who accesses a client's property or burglar alarm records **must also be registered** with the department and must **submit a criminal background report** for each employee. They must be registered within 30 days of their hire date by completing the Registered Employee application, Document 126. All registered employees must be at least eighteen years of age. Fire alarm employees do not have to be registered. See Section 40-79-220 for the definition of a registered employee. Download the application, Document 126, from the following website: [www.llr.state.sc.us/pol/contractors/index.asp?file=pub.htm](http://www.llr.state.sc.us/pol/contractors/index.asp?file=pub.htm).

**2. Criminal Background Check:**

South Carolina and out-of-state applicants **must submit** a criminal background report **with** the application. This is required for the **owner/president**, all **qualifying parties**, and **registered employees**. Your application will be returned if you do not **submit the report(s)** with your application. Applicants in South Carolina may request a report by contacting the State Law Enforcement Division (SLED), Criminal Records, 4400 Broad River Road, Columbia, SC, 29210. Office hours are 8:30 am - 5:00 pm, Monday - Friday. Include in your request, full name, date of birth, social security number, and applicable fee for the report. (Individual(s) may contact SLED at 803-896-7165 for the cost of the report or contact them via their web site [www.sled.state.sc.us](http://www.sled.state.sc.us). Out-of-state applicants may contact their state law enforcement agency for a report.

**3. Examinations:**

All applicants applying for either a burglar alarm or fire alarm license or both must have an employee pass a technical exam for each license. In addition, the employee must pass an examination on the **South Carolina Code of Laws** that regulate alarm businesses. All tests for technical examinations are administered through our testing service, Psychological Services, Inc. (PSI). When you complete the examination registration form, send the form to PSI in order to schedule the exams. Do not send the examination registration form to the Department. Please notify PSI if you feel you are eligible under the Americans with Disabilities Act (ADA) for special examination accommodations. For exam registration and testing information, call PSI Examination Services at (800) 733-9267 or fax (818) 247-3853 or contact PSI via their web site [www.psiexams.com](http://www.psiexams.com).

- Burglar Alarm contractors are required to be **NTS Level I** certified.
- Fire Alarm contractors are required to be **NTS Level I** certified or **NICET Level II** certified
- This is in addition to the exams that must be taken through PSI - (800) 733-9267.
- Burglar - For information on NTS Level I, contact the S.C. Alarm Association at (803) 252-0580.
- Fire - For information on NICET Level II, contact the NICET at (888)476-4238 or [www.nicet.org](http://www.nicet.org).

#### **4. Qualifying Party Requirements:**

All licensees must designate a primary qualifying party who has passed the required examinations and is a full-time employee holding a managerial or supervisory position. You may appoint other employees who meet the qualifying party requirements to be extra qualifying parties. A primary or extra qualifying party may be listed as a qualifying party for only one licensee. The applicant can have an unlimited number of qualifying parties. When the primary qualifying leaves employment of the licensee, the licensee may designate any of its extra qualifying parties as the primary qualifying party or schedule another employee to take the required examinations. If a qualifying party leaves employment of the licensee, the licensee or the qualifying party must notify this office within 15 days upon termination of employment. If the Department is properly notified within 15 days, the licensee will have 90 days to obtain a new primary qualifying party and may continue to engage in the alarm business during the 90-day period. Any qualifying party that is not listed with the Department as a primary or extra qualifying party for a South Carolina licensed alarm business for four consecutive years must retake all required examinations.

#### **5. Insurance:**

The applicant must submit with the application a current insurance Certificate of Comprehensive General Liability Insurance providing for a minimum coverage of \$100,000 due to bodily injury, death, or destruction of property as the result of negligent act or acts of the principal insured. The certificate must indicate the South Carolina Contractors' Licensing Board as the certificate holder.

#### **6. Branch Offices:**

**Burglar alarm** contractors are required to obtain a separate license for each branch office. The branch office is required to meet the same requirements as the main office. Please see Section 40-79-220 for additional information.

#### **7. Conducting Business:**

The alarm business must conduct business in the name in which the license was obtained. The license belongs to the alarm business, not the qualifier. The qualifying party owns the certificate that indicates he/she can qualify the licensee to engage in the alarm business.

#### **8. The Most Common Reasons Applications are Returned:**

- The application was not signed and dated by the owner, partner, president, qualifying party(s), registered employees, and properly notarized;
- The applicant failed to complete all of the questions on the application;
- A check for the license(s) is not included or is written in the wrong amount;
- The applicant did not take and pass the South Carolina Code of Laws examination or the technical exams;
- The required background reports for the owner, partner, president, qualifying party(s), and other registered employees are not included in the application; and
- The applicant did not submit proper liability insurance information.

#### **9. Application Process:**

Applications are processed in the order in which they are received. No exceptions will be made. We strongly discourage contacting our office for a status check on applications since this will slow down the application process. Upon receipt of your application by this office, during normal workloads, please allow two to three weeks to process your application. Do not send the application to this office until the qualifying party **has passed the required examinations** and all information in the application has been completed and attached. If the application is not properly completed, the application will be returned to the applicant, and this will delay receiving a license. Mail the completed application to this office at the address listed in this application; include a copy of your passing scores from the testing service. Checks for the license should be made payable to the S.C. Contractors' Licensing Board.



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Document 130

License Fees: (Non-refundable and non-transferable)
Burglar Alarm License ..... \$200 Fire Alarm License ..... \$200
Burglar & Fire License ..... \$400 Branch Office ..... \$50
For Office Use Only
Amount: \$ \_\_\_\_\_
Batch No.: \_\_\_\_\_
Date Issued: \_\_\_\_\_
BAC No. Issued: \_\_\_\_\_
FAC No. Issued: \_\_\_\_\_
The license fee includes one qualifying party certificate. If more than one qualifying party is listed in the application, you must pay \$10 for each qualifying party in order to obtain a qualifying party certificate. The certificate fee(s) must be included with the license fee.

Check one of the following: [ ] Burglar Alarm [ ] Fire Alarm [ ] Both

Burglar Alarm Only: [ ] Main Office [ ] Branch Office

If applying as a branch office, please complete information on the last page of this application.

Section 1 - Licensee Information:

This section must be answered by the business entity seeking licensure. The licensee must sign contracts, apply for permits, conduct business, and advertise in the name that appears on his/her license card. The license belongs to the alarm business, not the qualifying party. The qualifying party owns the Qualifying Party Certificate for passing the examinations.

Applicant:

(List name in which the alarm business will be conducting business)

Business Address:

Street City State Zip County (SC only)

Mailing Address: [ ] Same as above

Street City State Zip County (SC only)

Business Phone: Fax Number: Federal ID:
For Corporation, LLC, or LLP

Email Address(es):

Section 2 - Business Information:

[ ] Individual/Sole Proprietorship [ ] Partnership [ ] Corporation [ ] LLC [ ] LLP [ ] Other:

List names of owner or principal officers, title, social security number, date of birth, address, and telephone.

Table with 6 columns: Name, Title, SSN, DOB, Address, Telephone

Driver's License No. and state issued (for president/owner): State: DL:

### **Section 3 – Qualifying Party Information:**

All qualifying parties must complete this page. The applicant can only have one primary qualifying party. Qualifying parties do not need to complete the Registered Employee Information Form.

Primary Qualifying Party  Extra Qualifying Party  Email Address: \_\_\_\_\_

Make as many copies of this page as needed for each qualifying party. Attach the score sheets proving the qualifying party has passed the appropriate exams. Complete sections 3, 4, and 5 in this application and submit the qualifying party's criminal background check. This information must be submitted to the Department within 15 days of employment. The qualifying party must not have access to the alarm business client's records until approved by the Department. If the qualifying party is transferring his/her qualifications from another licensed entity to the applicant that is seeking licensure, include the qualifying party's current qualifying party certificate number at the bottom of section 3. If the qualifying party has been a qualifying party for a South Carolina licensed alarm business but not within the last four years, he/she must retake the examinations. All qualifying parties must be approved by the Department and listed on the license as a qualifying party.

(List person who passed the required exams):

Name of Qualifier: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip County (SC only)

Home Telephone: ( )- \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State Issued: \_\_\_\_\_

Job Position with Applicant: \_\_\_\_\_ Qualifying Party Number, if applicable: \_\_\_\_\_

### **Section 4 – Qualifying Party Certification and Signature:**

If you, the qualifying party, answer yes to the following questions, attach an explanation on a separate page.

- Have you been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law other than a minor traffic violation? Is any complaint or violation pending, under investigation, or has any action been taken against your license in any jurisdiction? Have you been denied a license to practice general or mechanical contracting in this state or any other state? 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 Chapter 79 of the S.C. Code of Laws and hereby agree to abide by these laws and codes. I hereby give permission to the Contractors' Licensing Board to verify and investigate information in this application. I understand that false or incorrect information provided by me may result in the denial of a license and may be subject to appropriate civil and criminal proceedings.

\_\_\_\_\_  
Printed Name of Qualifying Party

\_\_\_\_\_  
Signature of Qualifying Party Title Date

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

**Section 5 – Owner / President Certification and Signature:**

If you (owner/president) or any officers of the company answer yes to the following questions, attach an explanation on a separate page.

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

The primary qualifier(s) listed on this application is (are) full-time employee(s) 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 can be verified and investigated. I have read, and I am familiar with the South Carolina Code of Laws regulating contracting and hereby agree to abide by such laws.

\_\_\_\_\_  
Owner/President Print Name

\_\_\_\_\_  
Owner/President Signature Title Date

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

**Burglar Alarm Only**

Complete the following if this application is for a Branch Office Burglar Alarm license:

Main Office Name:

\_\_\_\_\_

Main Office License Number:

\_\_\_\_\_

Main Office Address:

\_\_\_\_\_  
Street City State Zip

Main Office Telephone Number:

\_\_\_\_\_

Email Address: \_\_\_\_\_

**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)

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***AFFIDAVIT OF ELIGIBILITY PAGE: TO BE COMPLETED BY QUALIFIER (QP); QP MUST SUBMIT COPY OF SOCIAL SECURITY CARD AND VERIFIABLE PICTURE ID, i.e. DRIVER'S LICENSE. IF YOU ARE UNABLE TO PROVIDE A COPY OF YOUR CARD, CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE FOR A FREE COPY. IF YOU HAVE TO WAIT FOR THE CARD, SUBMIT A COPY OF THE APPROVAL LETTER FROM THE SOCIAL SECURITY OFFICE VERIFYING YOUR SOCIAL SECURITY VALIDITY.***

**Social Security APPLICATION: [www.socialsecurity.gov/forms/ss-5.pdf](http://www.socialsecurity.gov/forms/ss-5.pdf)**

**Social Security OFFICE LOCATOR: <https://secure.ssa.gov/ICON/main.jsp>**

**Social Security PHONE#: 1-800-772-1213**



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: \_\_\_\_\_