



South Carolina
Department of Labor, Licensing and Regulation



Henry D. McMaster
Governor

Emily H. Farr
Director

Soil Classifiers Advisory Council

110 Centerview Drive
Post Office Box 11419
Columbia, SC 29211-1419
Phone: (803) 896-4580
FAX: (803) 896-9651
www.llronline.com/POL/Soil

License Verification Form

The following individual is applying for licensure with the SC Soil Classifiers Advisory Council to the South Carolina Department of Labor, Licensing and Regulation, and has indicated that he/she is registered in your jurisdiction as a soil classifier:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please verify the applicant's licensure/certification information as follows:

___ Yes ___ No

1. Has the individual above ever been licensed/certified by your board?

If yes, please complete the following. If no, skip to Item 2.

A. License/Certification

Number: _____

B. Date of Initial

Licensure: _____

C. Expiration

Date: _____

D. Basis for Licensure/Certification:

_____ Completion of education/experience/examination requirement

_____ Comity/Reciprocity with state of _____

_____ Grandfathered

_____ Other: _____

___Yes ___No

2. Has the individual completed any written examination for your board?
If yes, complete the following. If no, skip to Item 3

A. Name of examination
completed: _____

B. Date Passed: _____ Passing score: _____

___Yes ___No

3. Has this applicant been subject to any Disciplinary Action or pending
legal action in your state? (If yes, please attach explanation on separate sheet).

Agency/Board Name: _____

Authorized Signature:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Please return to:

Attention: Soil Classifiers
P.O. Box 11419
Columbia, SC 29211-1419

Telephone: (803) 896-4580
FAX: (803) 896-9651
Email: Contact.Soil@lir.sc.gov