

South Carolina Department of Labor, Licensing and Regulation

South Carolina Soil Classifiers Advisory Council 110 Centerview Dr. • Columbia • SC • 29210

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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	s licensure/certification information as follows:
YesNo	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:
	В.	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:

YesNo	•	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:		
YesNo	• •	ubject to any Disciplinary Action or pending please attach explanation on separate sheet).		
Agency/Board Nam	e:			
Authorized Signatur	re:			
Print Name:		Title:		
Signature:		Date:		
Please return to:				
	Soil Classifiers P.O. Box 11419 Columbia, SC 29211-1419	Telephone: (803) 896-4580 FAX: (803) 896-9651 Email: Contact.Soil@llr.sc.gov		