



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Contractor's Licensing Board**

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llr.sc.gov/clb

**DUAL PRIMARY QUALIFYING PARTY  
AFFIDAVIT OF ELIGIBILITY (DOC 173)**

I, \_\_\_\_\_, the undersigned, being duly sworn, affirm under oath that I hold a qualifying party certificate issued by the South Carolina Contractor's Licensing Board ("Board"), Certification #: \_\_\_\_\_, in the following classification(s): \_\_\_\_\_  
\_\_\_\_\_. I affirm that I meet the legal requirements to serve as a dual primary qualifying party for the following licensees:

**Licensee # 1**

Legal Name/Company Name: \_\_\_\_\_

License # \_\_\_\_\_ % Ownership: \_\_\_\_\_

Business Address: \_\_\_\_\_ County: \_\_\_\_\_

Physical street address, City, State and Zip Code

I am an integral party to this licensee's business and am actively involved in management, supervision, and operations for the work undertaken by the licensee in my designated classifications, performing the following duties:

Describe Job Duties

**Licensee # 2**

Legal Name/Company Name: \_\_\_\_\_

License # \_\_\_\_\_ % Ownership: \_\_\_\_\_

Business Address: \_\_\_\_\_ County: \_\_\_\_\_

Physical street address, City, State and Zip Code

I am an integral party to this licensee's business and am actively involved in management, supervision, and operations for the work undertaken by the licensee in my designated classifications, performing the following duties:

Describe Job Duties

**Initial each statement below:**

\_\_\_\_\_ I affirm that I have read, understand, and meet all criteria necessary to serve as a primary qualifying party for the above listed licensee as set forth in S.C. Code Ann. § 40-11-230.

\_\_\_\_\_ I affirm that I am the principal individual responsible for directing or reviewing work performed by both licensees in my designated license classification(s).

\_\_\_\_\_ I affirm that I have ownership in each entity with at least fifty percent (50%) ownership in one of the entities.

\_\_\_\_\_ I further affirm that I am actively involved in management, supervision, and operations for the work undertaken by both licensees and am an integral party to the licensees' business and the work undertaken by them.

\_\_\_\_\_ I affirm that I am involved in the operation of both entities on a daily basis and derive a livelihood from the operation of both entities.

\_\_\_\_\_ I affirm that both entities engage in business from the same physical location.

\_\_\_\_\_ I understand that I may not take other employment that would conflict with my duties as a primary qualifying party or diminish my ability to adequately supervise the work performed by each licensee.

\_\_\_\_\_ In the event that my ownership or employment status with either licensee terminates or changes from what is designated above, I shall immediately provide written notice to the Board of such termination or change. I understand that failure to notify the Board of changes in ownership or a primary qualifying party's disassociation may result in disciplinary action against my license or certificate.

\_\_\_\_\_ I understand that attesting to false or incorrect information may result in disciplinary action against my certificate.

**Primary Qualifying Party Name (Print):** \_\_\_\_\_

Signature: \_\_\_\_\_ Title \_\_\_\_\_

**SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Seal

Notary Public for: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_