



South Carolina Department of Labor, Licensing and Regulation
South Carolina Contractor's Licensing Board
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC • 29211
Phone: 803-896-4686 • Contact.CLB@llr.sc.gov • Fax: 803-896-4814
llr.sc.gov/clb

GENERAL AND MECHANICAL CONTRACTOR REVISION APPLICATION REQUIREMENTS AND INSTRUCTIONS (DOC 180)

This application is for licensees who need to make any of the following revisions to a current license: new business name or address, change in ownership or leadership, and changes in licensing group limitations. For revisions to your qualifying parties or licensing classifications, individual qualifiers must submit a [Primary Qualifying Party and Qualifying Party Initial Application \(Doc 168\)](#) or [Primary Qualifying Party and Qualifying Party Revision Application \(Doc 181\)](#).

CHANGE OF BUSINESS NAME OR ADDRESS

If you are updating your business name, mailing address, physical address, phone number, or email address, please complete **Sections A, B, E and F** of this application. Changes to an entity's name, organizational status, or Federal ID No. must be reported to the Board within 15 business days to prevent cancellation of your license. If your name, Federal ID No. or corporate structure has changed more than 15 business days ago, do not complete this form; you must submit a new [General and Mechanical Contractor Initial Application \(Doc 165\)](#). For corporate name changes, attach a copy of your company's amended charter or the Secretary of State Articles of Amendment.

CHANGE OF OWNERS OR OFFICERS

If there has been a change in your ownership or corporate leadership, please complete **Sections A, C, E and F** of this application.

CHANGE OF LICENSING GROUP

To change your licensing group limit, please complete **Sections A, D, E and F** of this application and attach the appropriate financial documentation or surety bond. Financial statements must be dated no more than twelve months before the date of application. Additional information about financial group limits can be found on the Board's website.

Groups 1 and 2 – (submit one)

- Owner Prepared financial statement with an affidavit of accuracy, [Document #172](#); or
- [Surety Bond Form for General Contractors](#) / [Surety Bond Form for Mechanical Contractors](#)

Groups 3 and 4 – (submit one)

- Financial statement compiled by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP or
- [Surety Bond Form for General Contractors](#) / [Surety Bond Form for Mechanical Contractors](#)

Group 5 – (submit one)

- An audited balance sheet prepared by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP; or
- [Surety Bond Form for General Contractors](#) / [Surety Bond Form for Mechanical Contractors](#)

Completed applications may be submitted to the Board at PO Box 11329, Columbia, SC 29211, by email to contact.clb@llr.sc.gov, or delivered in person at 110 Centerview Dr., Columbia, SC 29210.



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**GENERAL AND MECHANICAL CONTRACTOR
REVISION APPLICATION (DOC. 180)**

NOTE: Find your specific instructions on the previous page (i.e. “Change of Licensing Group”, “Change of Business Name or Address”, etc.). The instructions will let you know which sections of the application you need to complete. You may disregard all other sections of the application not mentioned in your instructions. **All applicants must complete sections A, E and F.**

Completed applications may be submitted to the Board at PO Box 11329, Columbia, SC 29211, by email to contact.clb@llr.sc.gov, or delivered in person at 110 Centerview Dr., Columbia, SC 29210.

REQUESTED ACTION

Indicate the reason for your application below. All applicants must complete the applicable sections and attestation at the end of this application.

- Name Change Address Change Owner/Officer Change License Group Change

SECTION A

LICENSEE INFORMATION (as it currently appears on your license card)

ALL applicants must complete this section.

Licensee/Legal Name: _____

Doing Business As (DBA) Name: _____ License # _____

Business Phone: _____ Email (required): _____

Business Address: _____ County: _____

Physical street address, City, State and Zip Code

Mailing Address (if different from above): _____

Federal Tax ID or SSN: _____ Website: _____

SECTION B

CHANGE OF BUSINESS NAME OR ADDRESS (physical or mailing)

ONLY complete this section if you need to change your business name, corporate structure, address, or other contact information. Attach amended charter or the Secretary of State Articles of Amendment if this is a corporate name change. If your name, Federal ID No. or corporate structure has changed more than 15 business days ago, **do not** complete this form; you must submit a new [General and Mechanical Contractor Initial Application \(Doc 165\)](#).

New Business Name: _____

Doing Business As (DBA) Name: _____

Business Phone: _____ Email (required): _____

Business Address: _____ County: _____
Physical street address, City, State and Zip Code

Mailing Address (if different from above): _____

Website: _____

Type of Business:

Corporations, LLCs, LLPs, or LPs must submit a Federal Tax ID number and a SC Secretary of State Certificate of Existence.

- | | | |
|-------------------------------|------------------------------|-------------|
| Sole Proprietorship | Domestic/Foreign Corporation | Partnership |
| Limited Liability Partnership | Limited Liability Company | |

State of incorporation or organization: _____

SECTION C

CHANGE OF OWNERS OR OFFICERS

ONLY complete this section if there has been a change in the Licensee’s ownership or corporate leadership. Provide the name, title, and date of birth and percent of business ownership of each owner, officer, partner, and/or member of the Licensee. Attach a separate sheet if necessary.

Name: _____ **Title:** _____

% Ownership: _____ **Date of Birth:** _____

Name: _____ **Title:** _____

% Ownership: _____ **Date of Birth:** _____

Name: _____ **Title:** _____

% Ownership: _____ **Date of Birth:** _____

Name: _____ **Title:** _____

% Ownership: _____ **Date of Birth:** _____

Name: _____ **Title:** _____

% Ownership: _____ **Date of Birth:** _____

SECTION D

CHANGE OF LICENSING GROUP

ONLY complete this section if you wish to change your licensing group limit. Select the group for increase and attach the appropriate financial documentation or surety bond. Please indicate the method for which you are qualifying for the new licensing group limit. Additional information about financial group limits can be found on the Board’s website.

Groups 1 and 2 – (submit one)

- Owner Prepared financial statement with an affidavit of accuracy, [Document #172](#); or
- [Surety Bond Form for General Contractors](#) / [Surety Bond Form for Mechanical Contractors](#)

Groups 3 and 4 – (submit one)

- Financial statement compiled by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP or
- [Surety Bond Form for General Contractors](#) / [Surety Bond Form for Mechanical Contractors](#)

Group 5 – (submit one)

- An audited balance sheet prepared by a licensed CPA in accordance with GAAP, including all disclosures required by GAAP; or
- [Surety Bond Form for General Contractors](#) / [Surety Bond Form for Mechanical Contractors](#)

Requested Group Limit:

- Group 1 Group 2 Group 3 Group 4 Group 5

Qualifying for Requested Group Limit by:

- Net Worth Working Capital Surety Bond

What type of financial documentation are you submitting with your application?

- Audited Balance Sheet Reviewed Financial Statement Compiled Financial Statement
 [Owner Prepared Financial Statement \(Doc 172\)](#) Surety Bond

SECTION E

BACKGROUND QUESTIONS

ALL applicants must complete this section. Answer all questions below. If you answer “Yes” to any of the questions, you are required to complete and submit the [Explanatory Statement of Yes Answers - Doc. 142](#).

1. Since your last renewal or application with the Board, has this entity or any owner, officer, partner, or member been convicted, pled guilty or nolo contendere in the US or foreign country of a felony or the offense of forgery, embezzlement, obtain money under false pretenses, theft, extortion, or conspiracy to defraud or other like offense? YES NO

If yes, in addition to [Doc 142](#), a criminal background check must be provided from the state in which the conviction occurred along with the court disposition and any other pertinent documentation. For South Carolina criminal background reports contact SLED at www.sled.sc.gov. Out-of-state applicants may submit a state-issued report, or any report generated by an accredited agency on PBSA’s website found here: thepbsa.org/. All criminal background reports must not be older than thirty (30) days from the date of application.

2. Since your last renewal or application with the Board, has this entity or any owner, officer, partner, or member had a professional license or certificate denied, suspended, revoked or otherwise been disciplined in any state or jurisdiction, including South Carolina? YES NO

If yes, in addition to [Doc 142](#), official documentation related to the relevant disciplinary action must be provided.

3. Since your last renewal or application with the Board, does this entity or any owner, officer, partner, or member have any unresolved complaints or charges pending before any professional licensing board in South Carolina or any other state or jurisdiction? YES NO

If yes, in addition to [Doc 142](#), official documentation related to the relevant disciplinary action must be provided.

4. Since your last renewal or application with the Board, does this entity or any owner, officer, partner, or member have any outstanding monetary judgments related to construction, or have any bankruptcies? YES NO

If yes, in addition to [Doc 142](#), official documentation related to the monetary judgments, including the order of judgment or final disposition, and bankruptcies, as well as any payment plans that have been established to satisfy construction related monetary judgments, must be provided.

SECTION F

ATTESTATION

ALL applicants must complete this section.

I certify that the information and statements contained herein are true, accurate, and complete. I understand that the provision of false or inaccurate information may result in the cancellation or denial of a license issued pursuant to this application and may be subject to civil and criminal proceedings. I agree that all information in this application may be verified and investigated. I have read and am familiar with the South Carolina Contractor’s Licensing Board Practice Act and hereby agree to abide by such laws.

Owner/Officer/Partner/Member Name (Print): _____

Signature: _____ Title _____ Date _____

PRIVACY DISCLOSURE

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.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.