

# SOUTH CAROLINA EXAMINATION WAIVER FORM

This form must be completed in its entirety by the appropriate state licensing board or authority and must be submitted with the application.

Complete Name of the Licensee:

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License No. \_\_\_\_\_ Classification(s) of License: \_\_\_\_\_

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Expiration date: \_\_\_\_\_

Has the licensee and/or the responsible managing employee(s) ever been disciplined by the state licensing board or authority completing this examination waiver form?  NO  YES (If yes, explain)

Name of Examinee	Name/Classification of Exam	Date Exam Passed

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State Licensing Board or Authority

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Authorized signature	Title	Date
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(BOARD SEAL)