



South Carolina Department of Labor, Licensing and Regulation

South Carolina Contractor's Licensing Board

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llr.sc.gov/clb

WORK EXPERIENCE AFFIDAVIT (DOC. 167)

This affidavit must be completed by new qualifier applicants and current qualifiers requesting to add a new classification by exam or non-technical classifications. You do not need to complete this affidavit if you are requesting certification as a qualifying party via Waiver/Reciprocity, MASC Certification, or PHCC of NC Certification. Make copies of this page, as necessary.

Primary qualifying party applicants may substitute a notarized affidavit of work experience in lieu of this form. Qualifying party applicants may substitute a notarized resume or notarized letters of reference from licensed contractors, customers, owners, employers, etc. in lieu of this form. Resumes and letters must include a detailed description of the work you performed in each field/classification for which you are applying. Dates reflecting relevant work experience must reflect a total of at least two years of commercial work experience completed within the past 5 years. If you are in a supervisor position, describe job duties where you supervised staff performing in the classification(s) for which you are applying.

Failure to provide adequate experience may result in a delay of the licensure application or require an application hearing before the Board. It is imperative that this form is accurate and complete. The Board may contact individuals to verify the listed experience. All contact information listed on this form should be up to date.

Primary Qualifier/ Qualifying Party Name: _____

Company name for whom you will be acting as a qualifying party: _____

JOB NAME/ PROJECT NAME: _____

Classification(s): _____

Project Start Date: _____ **End Date:** _____

Employment Type: Full-time Part-time **Hours per week:** _____

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

Contact Person (Owner or Customer work was performed for): _____

Contact Person's address, phone and/or email: _____

Describe Job Duties in the "Classification(s)" you listed above (Must describe proof of detailed work experience):

JOB NAME/ PROJECT NAME: _____

Classification(s): _____

Project Start Date: _____ End Date: _____

Employment Type: Full-time Part-time Hours per week: _____

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

Contact Person (Owner or Customer work was performed for): _____

Contact Person's address, phone and/or email: _____

Describe Job Duties in the "**Classification(s)**" you listed above (Must describe proof of detailed work experience):

JOB NAME/ PROJECT NAME: _____

Classification(s): _____

Project Start Date: _____ End Date: _____

Employment Type: Full-time Part-time Hours per week: _____

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

Contact Person (Owner or Customer work was performed for): _____

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Describe Job Duties in the "**Classification(s)**" you listed above (Must describe proof of detailed work experience):

JOB NAME/ PROJECT NAME: _____

Classification(s): _____

Project Start Date: _____ End Date: _____

Employment Type: Full-time Part-time Hours per week: _____

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

Contact Person (Owner or Customer work was performed for): _____

Contact Person's address, phone and/or email: _____

Describe Job Duties in the "**Classification(s)**" you listed above (Must describe proof of detailed work experience):

I, the qualifying party applicant listed below, affirm that all information and statements contained in this Work Experience Affidavit are true and correct to the best of my knowledge and belief. I understand that false or incorrect information may result in denial of my application to be a qualifying party, the cancellation or denial of a license for any contractor for which I am agreeing to serve as a qualifying party and may be subject to civil and criminal proceedings.

Qualifying Party Applicant Name (Print): _____

Signature: _____ Title _____

SWORN to before me this ____ day of _____, 20____.

Notary Signature: _____

Print Name: _____

Seal

Notary Public for: _____

My Commission Expires: _____