



South Carolina Department of Labor, Licensing and Regulation
South Carolina Contractor's Licensing Board
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WORK EXPERIENCE AFFIDAVIT (DOC. 167)

A notarized work experience affidavit must be completed by all primary qualifiers regardless of method of certification. A notarized work experience affidavit must also be completed by new qualifiers and current qualifiers adding a new classification if you are applying by exam or non-technical classifications. No affidavit is necessary if you are requesting certification as a qualifying party via Waiver/Reciprocity/MASC Certification. Make copies of this page, as necessary.

Primary qualifiers may substitute a notarized affidavit of work experience for this form. Qualifying parties may substitute this form by submitting a notarized resume or notarized letters of reference from licensed contractors, customers, owners, employers, etc. Resumes and letters must describe in detail the work you performed in each field/classification you are applying. Dates must be included in the correspondence to add up to the total of at least two years of commercial work experience within the past 5 years.

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: _____

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

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

Describe Job Duties (Must describe proof of experience):

JOB NAME/ PROJECT NAME: _____

Classification(s): _____ Project Start Date: _____ End Date: _____

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

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

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

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

Describe Job Duties (Must describe proof of 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: _____