



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 CONTRACTORS
PRIMARY QUALIFYING PARTY (PQP) AND QUALIFYING PARTY (QP)
REVISION APPLICATION REQUIREMENTS AND INSTRUCTIONS (DOC 181)**

This application is for individuals who need to make a revision to a current Primary Qualifying Party (PQP) or Qualifying Party (QP) certification. To utilize this application, you must have an active qualifying party certification with the Board or have a certification that has been inactive for less than four years. If you do not have an active qualifying party certification with the Board or you have been inactive for more than four years, please complete [Primary Qualifying Party and Qualifying Party Initial Application Doc. 168](#). If you are requesting to act as a Dual Qualifying Party for two licensed entities, please complete [Request to Become a Dual Primary Qualifying Party Doc. 173](#).

CHANGE OF CONTACT INFORMATION

If you are updating your mailing address, home address, phone number, email address, please complete **Sections A, B, and F** of this application. If your name has changed you must include documentation of the name change (i.e. marriage certificate, divorce decree, etc.). If your lawful presence status has changed please complete this application and submit with a [Verification of Lawful Presence form](#) and supporting immigration documentation.

TRANSFER CERTIFICATION TO ANOTHER LICENSE

If you would like to transfer your PQP or QP certification to another active license or a new licensure applicant, please complete **Sections A, C, E and F** of this application. If you are requesting to act as a Dual Qualifying Party for two licensed entities, please complete [Request to Become a Dual Primary Qualifying Party Doc. 173](#).

ADDING A TECHNICAL CLASSIFICATION

To add a technical classification to your current PQP/QP certification, please complete **Sections A, D, and F** of this application. You must complete one of the below before submitting your application to the Board.

- **Technical Exam Classification** applicants must pass the appropriate technical exam(s) prior to submitting an application to the Board. In addition, you will need to submit at least 2 years of full-time work experience performed within the past 5 years in the license classification(s) you are applying for. The Work Experience Affidavit provided with the application may be copied as needed. Experience should include primarily commercial work experience.
 - **PSI Technical Exam:** Passing scores for the appropriate South Carolina technical exam(s) should be included with your application packet. You may contact PSI Exams directly to schedule your exam.
 - **NASCLA:** Contact NASCLA to have your transcripts sent directly to the Board: <https://www.nascla.org/>
- **Municipal Association of South Carolina (MASC)** applicants should contact [MASC](#) to obtain a certification letter or include a copy of a valid certification card. Accepted certifications include:
 - Master electrician certification, passed the MASC's examination after December 1990 (Corresponding classification: Electrical)
 - Master plumber certification, passed the MASC's examination after December 1990 (Corresponding classification: Plumbing)
 - HARV (Master Mechanical) certification, passed the MASC's examination after September 7, 2013 (Corresponding classifications: Air Conditioning and Heating)

- **Exam Waiver/Reciprocity** applicants must have a license in good standing in a jurisdiction that administered the reciprocating exam. A list of Waiver/Reciprocity states and classifications may be found on the [Technical Exam Waiver Agreement](#) list.

Contact the state licensing board and have the [SC Examination Waiver](#) form completed. Mail the completed form in with this application. Copies of your license or exam results are not accepted.

If your existing license in one of these states was obtained by waiver, or through a grandfather clause, you are **not eligible** to apply by waiver/reciprocity.

If your state is listed but your trade/classification is not listed, you are **not eligible** to apply by waiver/reciprocity.

APPLICATION BY NON-TECHNICAL EXAM CLASSIFICATION

There is no technical exam requirement for the classifications listed below. Applicants for these classifications must submit a [Work Experience Affidavit-Doc. 167](#) with the application. The Work Experience Affidavit must reflect 2 years of work experience performed within the past 5 years for each classification for which you are applying

Masonry	Highway Incidental
Structural Shapes	Railroad Lines

Completed applications may be submitted to the Board at PO Box 11329, Columbia, SC 29211 or by email to contact.clb@llr.sc.gov.



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**GENERAL AND MECHANICAL CONTRACTOR
PRIMARY QUALIFYING PARTY / QUALIFYING PARTY
REVISION APPLICATION (DOC 181)**

This application is for individuals who need to make a revision to a current Primary Qualifying Party (PQP) or Qualifying Party (QP) certification. To utilize this application, you must have an active qualifying party certification with the Board or have a certification that has been inactive for less than four years. If you do not have an active qualifying party certification with the Board or you have been inactive for more than four years, please complete [Primary Qualifying Party and Qualifying Party Initial Application Doc. 168](#).

Completed applications may be submitted to the Board at PO Box 11329, Columbia, SC 29211 or by email to contact.clb@llr.sc.gov.

Submit with your application:

- Legal Name Change Documents, if applicable
- Completed and notarized Verification of Lawful Presence form, if applicable
- Exam Score Sheets, if applicable
- Copies of MASC Certifications, if applicable
- Copy of Certificate of Achievement from PHCC Academy of NC, if applicable
- Examination Waiver Form, if applicable
- Document 142 - Explanation of Yes Answer, if applicable
- Official License Verification(s) from other states, if applicable
- QP Work Affidavit Form (attached), if applicable

REQUESTED ACTION

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

- ☐ Change of Contact Information (Complete Sections A, B and F)
- ☐ Transfer Certification to another License (Complete Sections A, C, E, and F)
- ☐ Add a Technical Classification (Complete Sections A, D, and F)

**SECTION A
APPLICANT INFORMATION**

This section must be completed by all applicants. If you change any of the information below from what the Board currently has on file, please indicate the change in Section B.

Name: _____ Maiden/Prior Name: _____

Home Address (Physical): _____
Street, City, State, Zip County

Mailing Address (if different) _____

Date of Birth: _____ Last 5 digits of SSN: _____

Email Address (required): _____ Phone: _____

Company Information:

Legal Name/Company Name: _____

DBA Name (if different): _____ License # _____

SECTION B
CHANGE OF CONTACT INFORMATION

ONLY complete this section if you made updates to your contact information in Section A, have a legal name change or if your lawful presence status has changed.

Please indicate the change you are requesting:

☐ Contact Information

Please update my contact information as referenced in Section A.

☐ Name Change

You must include documentation of the name change (i.e. marriage certificate, divorce decree, etc.)

Updated Name: _____ Maiden/Prior Name: _____

☐ Lawful Presence Status Change

Submit [Verification of Lawful Presence form](#) and supporting immigration documentation.

SECTION C
TRANSFER CERTIFICATION TO ANOTHER LICENSE

ONLY complete this section if you are requesting to transfer your certification to another license.

Provide the name of the company for whom you are requesting to transfer your PQP or QP certification. If the company is not currently licensed, please submit this application with the [General Contractor/Mechanical Contractor Initial Application \(Doc 165\)](#).

Applicants for licensure must designate a Primary Qualifying Party (PQP) for each classification or subclassification for which a license is desired as a prerequisite to licensure. A PQP is the qualifying party who has been designated by the applicant as the principal individual responsible for directing or reviewing work performed by the applicant in a particular classification or subclassification. Additional qualifying parties are those individuals who have passed all the necessary exams to qualify the applicant for licensure but have not been designated as the primary qualifying party.

Requested Status: ☐ **PRIMARY QP (PQP)** ☐ **ADDITIONAL QP (QP)**

Legal Name/Company Name: _____

DBA Name (if different): _____ License # _____
(If issued/known)

☐ I am requesting to transfer my S.C. qualifying party certificate from License #: _____ to the applicant listed above.

To become designated as a PQP for a licensee, qualifying parties **must** certify that they meet the statutory requirement below:

☐ I certify that I am an integral part of the business and am actively involved in the management, supervision and operations for the work undertaken by the company for whom I am requesting to transfer my PQP certification.

SECTION D
ADDING A TECHNICAL CLASSIFICATION

ONLY complete this section if you are requesting to add a technical classification(s) to your current PQP/QP certification.

METHOD OF CERTIFICATION (Check one)

If you apply by PSI/NASCLA Exam or by Non-Technical Exam Classification, you are required to complete the [Work Experience Affidavit Doc. 167.](#)

- | | |
|--|--|
| <input type="checkbox"/> Technical Exam (PSI/NASCLA) | <input type="checkbox"/> Exam Waiver/Reciprocity |
| <input type="checkbox"/> MASC Certification | <input type="checkbox"/> Non-Technical Exam Classification |

CLASSIFICATIONS AND SUBCLASSIFICATIONS

Only select the classification(s) or subclassification(s) for which you qualify.

General Contractor-Building Classifications (Includes Wood Frame Structures, Nonstructural Renovation, Masonry, Pre-engineered Metal Buildings, Roofing, Structural Framing, and Miscellaneous Metals.):

- ☐ **Limited Building Contractor** (construction up to 3 stories in height, groups 1-3 of bid and job limits)
- ☐ **Unlimited General Contractor** (groups 1-5 of bid and job limits)

General Contractor- Highway Classifications:

- ☐ Bridges ☐ Concrete Paving ☐ Asphalt Paving ☐ Grading ☐ Highway Incidental*
- ☐ Highway Contractor (Bridges, Concrete Paving, Asphalt Paving, Grading, Highway Incidental*)

General Contractor-Public Utility Classifications:

- ☐ Pipe Lines ☐ Water and Sewer Plants ☐ Water and Sewer Lines

General Contractor-Specialty Subclassifications:

- | | | |
|--|---|---|
| <input type="checkbox"/> Boiler Installation | <input type="checkbox"/> Boring and Tunneling* | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Glass and Glazing | <input type="checkbox"/> Marine | <input type="checkbox"/> Masonry* |
| <input type="checkbox"/> Miscellaneous Metals* | <input type="checkbox"/> Nonstructural Renovation | <input type="checkbox"/> Pre-engineered Metal Buildings |
| <input type="checkbox"/> Public Electrical Utility | <input type="checkbox"/> Railroad Lines* | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Structural Framing | <input type="checkbox"/> Swimming Pools | <input type="checkbox"/> Wood Frame Structures |

Mechanical Contractor Subclassifications:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Electrical | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Lightning Protection Systems | <input type="checkbox"/> Packaged Equipment | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Pressure and Process Piping | <input type="checkbox"/> Refrigeration | |

(*no technical exam required)

SECTION E

PERSONAL HISTORY QUESTIONS

Only complete this section if you are requesting to transfer your certification to another license. Answer all questions below. If you answer “Yes” to any of the questions, you are required to complete and submit [Explanatory Statement of Yes Answers Form Document 142](#)

1. Since your last renewal or application with the Board, have you 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 be dated within thirty (30) days from the date of application.

2. Since your last renewal or application with the Board, have you 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, do you 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, do you 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

I certify that the information on this application is accurate, and I understand that inaccurate information may result in denial of my application to be a qualifying party as well as denial of the application of any contractor for which I may be agreeing to serve as primary qualifying party. I understand that as a certified qualifying party, I am not a licensed contractor and cannot do any work requiring licensure pursuant to the South Carolina Contractor's Licensing Board statutes and regulations.

Signature of Applicant

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.



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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): _____

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):

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: _____