



South Carolina Department of Labor, Licensing and Regulation
South Carolina Manufactured Housing Board
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4682 • contact.MH@llr.sc.gov • Fax: 803-896-4814
llr.sc.gov/manu

MANUFACTURED HOME CONTRACTOR / REPAIRER / INSTALLER REQUIREMENTS AND INSTRUCTIONS

Please review the [Statutes](#) and [Regulations](#) for the Board prior to applying for a license.

LICENSING PERIOD

All Manufactured Housing licenses expire on June 30th of each even numbered year.

LICENSURE FEE

The license fee is as follows and made payable to the SC Manufactured Housing Board.

If the license is approved between the dates of:

7/1/odd numbered year – 6/30/even numbered year the license fee is \$50

7/1/even numbered year – 6/30/odd numbered year the license fee is \$100

TRAINING

Mandatory training for new contractors / repairers / installers can be completed through the Manufactured Housing Institute. You can contact them to schedule your training at (703) 558-0400 or

www.manufacturedhousing.org. More information can also be found here: [Manufactured Housing Institute Online Training](#).

EXAMINATION

The contractor / repairer / installer exam must be completed through PSI Examination Services. Contact them directly to schedule your exam: <https://test-takers.psiexams.com/scmh> or (855) 746-8173.

Passing examination results will remain in effect for six months. A person who has not applied for a license during that period will be required to be reexamined before a license application will be accepted.

CRIMINAL BACKGROUND REPORT

The applicant must submit a state-wide criminal background report for every state of residence for the past seven (7) years.

For South Carolina criminal background reports contact SLED at www.sled.sc.gov or (803) 737-9000. Out-of-state applicants may submit a state-issued report or any report generated by an accredited agency on PBSA's website found here: <https://thepbsa.org/>. **All criminal background reports must not be older than thirty (30) days from the date of application.**

SURETY BOND

- The applicant must maintain a surety bond on file with the Board that covers the extent of the current licensing period (through 6/30/even numbered year).
- The surety bond must be on the Board's [form](#), in the entity's legal name, and in the amount of \$5,000.
- The original surety bond must be submitted to the Board, ensuring the principal's signature, a visible surety company seal, and a copy of the surety company's Power of Attorney attached to the form. Docusign is not an acceptable form of signature.



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**MANUFACTURED HOME CONTRACTOR / REPAIRER / INSTALLER
APPLICATION**

Include with application:

- License fee in the form of a check or money order only (no cash) made payable to SCMHB. (A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your Social Security Card
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable
- Statewide criminal background report for every state of residence in the last seven (7) years
- \$5,000 Original Surety Bond
- PSI Exam Report
- Certificate of successful completion for training
- Notarized Verification of Lawful Presence (Attached)

Application Type (Check one only):

- Contractor
- Repairer
- Installer

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: ___ Zip: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____
(If different than above)

Email Address: _____ Phone: _____

Social Security No.: _____ Date of Birth: _____ Gender: F M

Do you have at least two (2) years of experience in the actual practice of the discipline for which the license is applied in accordance with the S.C. Code of Regulation 79-24(A)(1)? Yes No

Please provide details of your experience below:

COMPANY INFORMATION (if applicable)

Company Legal Name: _____ Bus. Phone: _____

DBA "Doing Business As" Name: _____ What is your % of Ownership?: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Bus. Mailing Address: _____ City: _____ State: _____ Zip: _____
 (If different than above)

PRIOR EMPLOYMENT

List the past seven (7) years of employment history. You are required to list the termination date and reason for leaving. You may attach an additional sheet if needed.

EMPLOYER NAME	OFFICE ADDRESS	REASON FOR LEAVING	FROM - TO (mo/yr)	POSITION TITLE

RECORD OF LICENSURE

List **any and all** licenses, certifications or registrations applicant currently has or has possessed by another regulatory agency in or outside of SC (include prior licensure with the Manufactured Housing Board).

STATE	TYPE OF LICENSE	DATE OF LICENSURE	LICENSE NO.	EXPIRATION DATE	STATUS OF LICENSE (Active, Lapsed, Suspended, etc.)

BACKGROUND INFORMATION

For any "Yes" answers below, please complete and submit the [Explanatory Statement of Yes Answers](#) form for each person to whom a Yes answer applies. In addition, for question number one, official court documentation related to the conviction for anyone to whom the "yes" answer applies must be submitted. For question number two, official documentation related to the relevant disciplinary action must be provided by the applicable person and/or the entity's authorized agent.

- Have you been found guilty, pleaded guilty or entered a plea of nolo contendere in this or any other state for a felony or a crime involving drugs or moral turpitude, such as fraud, deception, or dishonesty? Yes No
- Have you had a license to practice a regulated profession or occupation in this state or another state or jurisdiction canceled, revoked, suspended or otherwise disciplined, or surrendered a license in lieu of disciplinary action? Yes No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature

Date

Print Name

Title

Sworn and subscribed before me this ____ day of _____, 20 ____ .

Notary Signature: _____ (SEAL)

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration 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.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

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

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)