



South Carolina Department of Labor, Licensing and Regulation
South Carolina Residential Builders Commission
 110 Centerview Dr. • Columbia • SC • 29210
Mailing: PO Box 11329 • Columbia • 29211
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4696 • Contact.RBC@llr.sc.gov • Fax: 803-896-4814
 llr.sc.gov/res

REINSTATEMENT APPLICATION FOR RESIDENTIAL SPECIALTY REGISTRATION

Include with your application:

- Check or money order for \$290 (\$100 renewal fee + \$190 reinstatement fee) made payable to SC Residential Builders Commission. 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, or Passport
- Copy of your Social Security Card
- Notarized Verification of Lawful Presence
- Include written explanation(s) for any “Yes” answer(s) for questions in “**General Information**” of the application and include any supporting documentation.
- If you answer “Yes” to any question(s) pertaining to a conviction, you must remit an official Statewide Background Check from the state where the incident occurred in a sealed envelope from the state agency along with your written explanation.

APPLICANT INFORMATION

Name: _____ Credential No.: _____

D/B/A Name: _____

(If incorporated include a photocopy of Certificate of Existence/Authorization from the SC Secretary of State as well as Articles of Incorporation and documentation establishing percentage of ownership)

Home Address: _____
 (street, city, state and zip code)

Mailing Address: _____
 (If different than above, fill in complete address)

County: _____ Date of Birth: _____ Social Security No.: _____

Email Address: _____ Phone No.: _____

PERSONAL HISTORY INFORMATION

A written explanation must be provided on a separate sheet for any "Yes" answers, include any supporting documentation. If you answer “Yes” to any question(s) pertaining to a conviction, you must remit an official Statewide Background Check from the state where the incident occurred in a **sealed envelope** from the state law enforcement agency along with your written explanation. Any questions left blank will result in the application being returned.

1. Have you ever been denied a license as a home builder, specialty contractor or general contractor in this state or any other state? YES NO
2. Have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? YES NO
3. Have there been any judgments, liens or claims filed against you or any business entities you have been associated with in the past 5 years? (If yes, submit official documentation) YES NO

4. Since your last application, is any complaint pending, under investigation, or has any action been taken against your license in any jurisdiction? YES NO

SELECT YOUR CURRENT CLASSIFICATION(S) DO NOT CHECK MORE THAN (3) THREE

<input type="checkbox"/> 01 – VINYL/ALUMINUM SIDING	<input type="checkbox"/> 06 – DRYWALL INSTALL/REPAIR
<input type="checkbox"/> 02 – INSULATION INSTALLER	<input type="checkbox"/> 07 - CARPENTRY
<input type="checkbox"/> 03 – ROOFING	<input type="checkbox"/> 08 – STUCCO INSTALLER
<input type="checkbox"/> 04 – FLOOR COVERING	<input type="checkbox"/> 09 – PAINTER/WALL PAPER
<input type="checkbox"/> 05 - MASONRY	<input type="checkbox"/> 10 – SOLAR PANEL INSTALLER

FINANCIAL INFORMATION

You must furnish an original surety bond if the total cost of construction exceeds \$5,000. The SURETY BOND must be the original document signed by the applicant, in the amount of \$5,000, with the power of attorney attached and the individual's name listed as principal. (cannot be a company or business name) Hand written bonds will not be accepted.

Please have your insurance provider go to

<https://lir.sc.gov/res/PDF/LICENSE%20BOND.pdf> for the fillable bond form.

For a list of authorized bonding companies, please go to

<https://lir.sc.gov/res/PDF/Companies%20with%20Surety%20Authority%20in%20SC.pdf>

SIGNATURES

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

Signature of Applicant

Title

Date

Sworn and Subscribed before me this ___ day of _____, 20_____.

Notary Signature

Print Notary's Name: _____

Notary for the State of: _____

My Commission Expires: _____

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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PROOF OF OWNERSHIP AFFIDAVIT

This document is required to verify that a Certificate of Authorization is not required pursuant to Section 40-59-410.

Please provide Certificate of Existence/Authority from the SC SOS office, and Articles of Organization from the SC SOS office, Proof of Ownership for the company (if registered).

I, _____, have no written documentation of ownership interest to provide to the Residential Builders Commission, but I attest and affirm that I have _____% ownership in (Company Name) _____.

Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20 _____.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

{Seal}



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)