



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

## RESIDENTIAL SPECIALTY HVAC LICENSE APPLICATION

### Include with Application:

- Check or Money Order for the \$135 application processing fee made payable to **SCRBC**. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds. Fees are non-refundable.
- Copy of your driver’s license, State Issued ID, Passport or Military ID.
- Copy of Social Security card.
- Completed and notarized **Verification of Lawful Presence Form**
- Copies of W2’s and/or 1099’s from employer who will be filling out your affidavit of experience.
- Certifications, transcripts, resumes and any other supporting documentation of work experience in the trade applied for.
- 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. The report must be pulled using your full name, date of birth and social security number.

For Office Use Only:		
SCDOR		
Public Index		
Credit Report		
SC SOR		
National SOR		
Other		

### Have submitted directly to the Board from the issuing agency or organization to the above address:

- Verification of Licensure from the state(s) you hold licenses in the trade applied for.

### Residential Specialty License Fee (Due after the exam):

Licenses expire June 30th every odd numbered year.

- **\$220** if the license is issued on or between July 1, odd numbered year to June 30, even numbered year
- **\$110** if the license is issued on or between July 1, even numbered year to June 30, odd numbered year

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

Allow 7-10 business days from the date of receipt in our office before checking your application status online at <https://llr.sc.gov/res/>.

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

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: \_\_\_\_\_ District: \_\_\_\_\_  
(street, city, state and zip code) Congressional District (SC Residents Only)

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

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**FINANCIAL INFORMATION**

You must furnish an original surety bond with the license fee after passing the examination 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 \$10,000, 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>

**WORK EXPERIENCE INFORMATION**

Must show a minimum of one year experience within the past five (5) years.

EMPLOYER/SUPERVISOR NAME	LICENSE NO. OF EMPLOYER	DATES OF EMPLOYMENT	POSITION TITLE	TYPE OF WORK PERFORMED

Provide supervisor’s contact information. An Experience Affidavit will be sent to the supervisor to complete. The Affidavit should provide details about your work experience.

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BUSINESS INFORMATION**

Type of Business Entity: (Check type)

Sole Proprietorship:  Partnership  Corporation  Other (Specify): \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

List names of principal owners/executive officers, title, percent ownership, date of birth, address and telephone. Please attach a separate sheet if necessary.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

% Ownership: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

% Ownership: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**GENERAL INFORMATION** (To be answered by the applicant)

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. The report must be pulled using your full name, date of birth and social security number.

- 1. Have you ever been denied a license to practice HVAC contracting or any similar occupational or professional license?  Yes  No
- 2. Have you ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted, or disciplined by any federal, state or local authority or contracted without a proper license? If yes, attach a written explanation and give current disposition.  Yes  No
- 3. Is any investigation or disciplinary action currently pending against you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder? If yes, attach a written explanation and give current disposition.  Yes  No
- 4. Have you or an organization of which you are or were an officer, principal, qualifying party or major shareholder ever been issued a Cease and Desist Order for unauthorized practice during the time you were associated with the organization? If yes, attach a written explanation and current disposition.  Yes  No
- 5. Have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)?  Yes  No
- 6. Are you currently licensed as a HVAC Contractor in any other state?  Yes  No
  - a. If yes; what states: \_\_\_\_\_  Yes  No
  - If yes, have a Verification of Licensure sent directly to the SC Residential Builders Commission at the address on the front of this application.
- 7. 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
- 8. If applicable, are you currently delinquent with child support obligations?  Yes  No





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)