



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

**EXPLANATORY STATEMENT OF “YES” ANSWERS**

*A separate explanatory statement must be completed for each “yes” answer.*

Individual Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
 (If different from above)

Title or Position with the applicant: \_\_\_\_\_

**Explanation of “Yes” answer to question number: (Check one only)**     1     2

Jurisdiction in which the action/event occurred: (City, County and State) \_\_\_\_\_

Any case, file or credential number: \_\_\_\_\_

Attach all court documentation and disposition, if applicable.

Explanation:

\_\_\_\_\_

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**AFFIRMATION**

I certify under penalty of perjury that that all statements, answers and representations made in this form, including all supplementary documents submitted with the form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy. I further certify that I completed and submitted this form with attached documents as a result of my “yes” response(s) on the Manufactured Housing licensure application submitted on behalf of \_\_\_\_\_. I take responsibility for ensuring required additional explanations and documentation will be provided if not already provided with this form.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Phone No.: \_\_\_\_\_

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

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