



**REINSTATEMENT FOR RESIDENTIAL SPECIALTY REGISTRATION APPLICATION**

**Include with Application:**

- Check or Money Order in the amount of \$290 (\$100 renewal fee + \$190 reinstatement 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. All fees are non-refundable.
- Copy of your Driver’s License, State Issued ID, Passport or Military ID.
- Copy of Social Security card.
- Copy of your complete credit report, we accept TransUnion, Equifax or Experian.
- Notarized Verification of Lawful Presence Form (attached)  
*In accordance with S.C. Code of Laws Section 8-29-10 and a SC Attorney General Opinion dated March 3, 2014, DACA status recipients are not eligible to receive a professional license in South Carolina.*
- Legal Name Change Documentation, if applicable
- [Explanatory Statement of “Yes” Answer Form](#) and Documentation for “Yes” Answers, if applicable
- Certificate of Existence/Authorization and Articles of Incorporation, if applicable

**Select your current classification(s). Do not check more than (3) three:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Vinyl/Aluminum Siding | <input type="checkbox"/> Insulation Installer | <input type="checkbox"/> Roofing           | <input type="checkbox"/> Solar Panel Installer |
| <input type="checkbox"/> Floor Covering        | <input type="checkbox"/> Masonry              | <input type="checkbox"/> Drywall Installer |  |
| <input type="checkbox"/> Carpentry             | <input type="checkbox"/> Stucco Installer     | <input type="checkbox"/> Painter/Wallpaper |  |

**CREDENTIAL 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.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
Enter the full, physical home address

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

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

**REINSTATEMENT QUESTIONS**

A written explanation must be provided on the [Explanatory Statement of “Yes” Answer Form](#), including any supporting documentation.

1. Since your last application, have you been denied a license as a home builder, specialty contractor or general contractor in this state or any other state?  Yes  No
2. Since your last application, have you ever been convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? (In addition to the written explanation, submit an official statewide criminal background check from the state in which the incident(s) occurred.)  Yes  No

If yes, in addition to [Explanatory Statement of “Yes” Answer form](#), 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](http://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: <https://thepbsa.org/>. All criminal background reports must not be older than thirty (30) days from the date of application.

- 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 with the [Explanatory Statement of “Yes” Answer Form](#).)  Yes  No
- 4. Is any complaint pending, under investigation, or has any action been taken against your license in any jurisdiction?  Yes  No

**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 a list of authorized bonding companies, please go to:**  
<https://lir.sc.gov/res/PDF/Companies%20with%20Surety%20Authority%20in%20SC.pdf>

**ATTESTATION**

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.

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Signature of Applicant	Title	Date
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**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.



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

**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)