

**APPLICATION FOR BROKER-IN-CHARGE OR BROKER'S LICENSE BY RECIPROCITY**

MAIL TO:  
 SC DEPT OF LABOR, LICENSING & REGULATION  
 REAL ESTATE COMMISSION  
 ATTN: RECIPROCAL LICENSE  
 110 CENTERVIEW DR-KINGSTREE BLDG  
 PO BOX 12517  
 COLUMBIA SC 29211-2517

FEE: Broker-in-Charge \$260\* (**biennial** license fee)  
 Broker \$135\* (**biennial** license fee)

\*Includes \$10 credit report fee

**CERTIFIED FUNDS ONLY**

PAYABLE TO: LLR-REAL ESTATE COMMISSION

We gladly accept your checks. When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from you account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid.

**INSTRUCTIONS:** Every question must be answered fully and without evasion. If more space is required, write on a separate sheet. Failure to comply with these instructions or to enclose the proper fee will result in delay in licensing.

**PLEASE TYPE OR PRINT IN BLACK INK**

1. Legal Name \_\_\_\_\_  
 (FIRST) (MI) (LAST)

2. Home Address \_\_\_\_\_  
 (STREET/P O BOX) (CITY) (STATE) (ZIP CODE-REQUIRED) (HOME PHONE)

3. \_\_\_\_\_  
 NAME OF COMPANY THAT YOU INTEND TO OPERATE OR BE LICENSED WITH. (LIMITED TO 30 SPACES)

4. Office Address \_\_\_\_\_  
 (STREET/P O BOX) (CITY) (STATE) (ZIP CODE-REQUIRED) (PHONE)

5. Position in Company: **BROKER IN CHARGE OR BROKER** (CIRCLE ONE)

6. Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

7. **BROKER APPLICANTS ONLY - THIS QUESTION MUST BE ACKNOWLEDGED BY SIGNATURE OF EMPLOYING BROKER-IN-CHARGE.**  
 I hereby certify that the individual named above will be employed by me and will work under my supervision and that I am liable for his/her actions while licensed with this company. If the applicant should ever sever his/her employment with me, I will immediately advise the SC Real Estate Commission and give the reason therefore.

\_\_\_\_\_  
 (COMPANY NAME) (OFFICE CODE-REQUIRED)

\_\_\_\_\_  
 (SIGNATURE OF BROKER-IN-CHARGE) DATE

8. Residence for the past five years:  
 STREET ADDRESS CITY STATE ZIP CODE DATES FROM TO

9. State in which you are currently licensed \_\_\_\_\_

Have you ever held a real estate license in any other state(s)? (Yes or No) \_\_\_\_\_

Dates Licensed From \_\_\_\_\_ To \_\_\_\_\_ State of \_\_\_\_\_

- (a) If licensed in more than one state, itemize on separate sheet of paper.
- (b) Attach Certificates of Licensure obtained from each state in which you are currently or were licensed during past five years (license or copy of license **NOT** acceptable). **Application cannot be processed without Certificates of Licensure.**

10. Have you ever been refused or had revoked, canceled or suspended any occupational, professional or real estate license in S.C. or any other state? (Yes or No)\_\_\_\_\_ If yes, explain fully on an attachment to this application.
11. Have you ever been convicted of or pled guilty or nolo contendere to a crime (other than a minor traffic offense)? Yes\_\_\_\_ No\_\_\_\_ If yes, explain fully on an attachment to this application. Include all pertinent information such as charges, date, location and sentences.
12. Are there any unpaid judgments or liens against you at this time or have you ever been included in bankruptcy proceedings? (Yes or No) \_\_\_\_\_ If yes, attach a full explanation including a Statement of Judgments from the Clerk of Court in the county where the judgment was filed and the county in which you now reside, if not the same.
13. Are you currently involved as a respondent in any litigation related to other than domestic matters? (Yes or No) \_\_\_\_\_ if yes, explain fully.

The undersigned, in making this application to the South Carolina Real Estate Commission for a real estate license under the provisions of Chapter 57, Title 40 of the South Carolina Code of Laws, swears (or affirms) that he/she is the applicant named herein and that the answers and information provided are true to the best of his/her knowledge, information and belief. Further, the applicant understands that any omissions, inaccuracies or failure to fully disclose may be deemed sufficient grounds to 1) deny licensing; 2) withhold renewal of applicant's license; 3) suspend or revoke the license of the applicant; 4) take any other disciplinary action against applicant which is authorized by law. Further, the undersigned understands and agrees that upon submission of this application to the South Carolina Real Estate Commission, it will attempt to obtain information concerning any criminal convictions of the applicant. The applicant hereby authorizes any and all law enforcement departments, agencies and officials thereof to release to the South Carolina Real Estate Commission any and all criminal history information and further releases said departments, agencies and officials from all liability.

The undersigned further certifies that he/she has read and is familiar with the South Carolina Real Estate License Law and Regulations and in the event he/she becomes licensed, agrees to obey said Laws and Regulations.

**CONSENT TO JURISDICTION AND SERVICE OF PROCESS**

The undersigned applicant for license as a real estate broker or broker-in-charge, being a nonresident of the State of South Carolina, does hereby irrevocably consent that if any cause of any action arises against the undersigned growing out of undersigned's acts or omissions as a real estate licensee within the State of South Carolina, suit may be commenced against said undersigned in the County of the State of South Carolina in which the said cause of action may arise, or in which plaintiff may reside, by the service of process upon the Administrator of the South Carolina Real Estate Commission, whom the undersigned hereby designates as agent for such service, and the undersigned further consents that such service shall be begun and held in all courts to be valid and binding as if due service had been legally made upon undersigned in the State of South Carolina.

**APPLICANT MUST PERSONALLY SIGN THIS APPLICATION BEFORE A NOTARY PUBLIC.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

NOTARY PUBLIC FOR STATE OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

THE SOUTH CAROLINA DEPT OF LABOR, LICENSING & REGULATION IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER.

Note:  
 SC Code of Laws, Title 40, Chapter 57, Section 40-57-70 (C)  
 All application and license fees are payable to the department in advance and must accompany an examination application or a license application. Application fees are nonrefundable.

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: \_\_\_\_\_
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Social Security Number**

4. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and 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.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

***The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification 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.***