

**SC DEPARTMENT OF LABOR LICENSING AND REGULATIONS
REAL ESTATE COMMISSION
OFFICE OF LICENSURE AND COMPLIANCE**

INACTIVE LICENSE REINSTATEMENT 2010-2012

DOC 131

Reinstatement Instructions:

1. Complete all information requested on this form, sign and date application. Incomplete applications will be returned.
2. Mail completed application with a payment made payable to LLR-Real Estate Commission, P.O. Box 12517, Columbia, SC 29211-2517; Telephone number (803) 896-4501.

Name: _____

Address: _____

***License Number:** _____

Type of License & Fee (check one) \checkmark

<input type="checkbox"/>	INACTIVE BROKER	\$150
<input type="checkbox"/>	INACTIVE PROPERTY MANAGER	\$150
<input type="checkbox"/>	INACTIVE SALESMAN	\$150
<input type="checkbox"/>	INACTIVE TIMESHARE REGISTRANT	\$150

Phone: _____

E-mail: _____

LATE PENALTIES TO ADD TO REINSTATEMENT FEE:

July	\$25	October	\$100
August	\$50	November	\$125
September	\$75	December	\$150

NOTE: IF YOU WISH TO ACTIVATE YOUR LICENSE, YOU NEED TO COMPLETE AND SUBMIT THE "REQUEST FOR LICENSE REACTIVATION" FORM LOCATED ON THE COMMISSION'S WEB SITE (<http://www.llr.state.sc.us/POL/REC/>).

Yes No Has any professional disciplinary action been taken against you in any state since you have become licensed in South Carolina that has not been previously disclosed?? If Yes, please include a full written explanation.

Yes No Have you been convicted of or have pled guilty or nolo contendere to a felony or crime of moral turpitude or are there charges pending against you now that has not been previously disclosed? If Yes, please include a full explanation and documentation.

I affirm the above information supplied by me is true.

Signature

Date

Failure to check one option and/or to affirm the information by signing the form will result in the application being returned to you.



South Carolina Department of Labor, Licensing and Regulation
PO Box 12517
Columbia, SC 29211

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. Social Security Number _____

3. 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.)

4. What is the secure and verifiable document number? _____

5. 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.