



South Carolina
Department of Labor, Licensing and Regulation



Nikki Haley
Governor

Real Estate Commission

Catherine B. Templeton
Director

COMPLETE & RETURN TO:

OFFICE OF LICENSURE & COMPLIANCE
LLR-REAL ESTATE COMMISSION
ATTN: LICENSE ACTIVATION
PO BOX 11847
COLUMBIA SC 29211

DOC#210 TM(R6/11)

REQUEST FOR ACTIVATION OF REAL ESTATE LICENSE

License Number: _____

LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY) () _____

ALL FEES ARE NON-REFUNDABLE

Check One	TYPE OF LICENSE	REACTIVATION FEE
<input type="checkbox"/>	SALESMAN	10.00
<input type="checkbox"/>	SALESMAN PROVISIONAL	10.00
<input type="checkbox"/>	BROKER	10.00
<input type="checkbox"/>	PROPERTY MANAGER	10.00
<input type="checkbox"/>	TIMESHARE REGISTRANT	10.00

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THIS SECTION TO BE COMPLETED BY BROKER/PROPERTY MANAGER-IN-CHARGE

COMPANY NAME: _____

TELEPHONE NUMBER: () _____ OFFICE CODE NUMBER _____
(REQUIRED)

PRINT NAME OF BROKER/PROPERTY MANAGER-IN-CHARGE _____

SIGNATURE OF BROKER/PROPERTY MANAGER-IN-CHARGE _____

DATE _____

REINSTATEMENT/REACTIVATION FEE

(Make Check Payable to: LLR-Real Estate Commission. We gladly accept your check-(**WRITE LICENSE NUMBER ON CHECK**). 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 your 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.

ATTACH COPIES OF CONTINUING EDUCATION CERTIFICATES, IF APPLICABLE. NOTE: IF YOU TAKE 8 HOURS OF EDUCATION TO ACTIVATE YOUR LICENSE, YOU MUST TAKE AN **ADDITIONAL** 8 (EIGHT) HOURS – (Out of the eight (8) hours, two (2) hours must be core) - BEFORE YOUR NEXT RENEWAL DATE. (CHECK YOUR LICENSE FOR THE RENEWAL DATE.)

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) _____

_____/_____/_____

Social Security Number

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? _____

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.