



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

## **MANUFACTURED HOME MANUFACTURER REQUIREMENTS AND INSTRUCTIONS**

*Please review the [Statutes](#) and [Regulations](#) for the Board prior to applying for a license.*

### **LICENSING PERIOD**

All Manufactured Housing licenses expire on June 30<sup>th</sup> of each even numbered year.

### **LICENSURE FEE**

The license fee is as follows and made payable to the SC Manufactured Housing Board.

If the license is approved between the dates of:

7/1/odd numbered year – 6/30/even numbered year the license fee is \$150

7/1/even numbered year – 6/30/odd numbered year the license fee is \$300

Fees are non-refundable. The fee must be submitted in the form of a check or money order. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. **NO CASH IS ACCEPTED.**

### **CRIMINAL BACKGROUND REPORT**

The owner or officer must submit a state-wide criminal background report for every state of residence for the past seven (7) years. For partnerships a criminal background check is required for each general partner.

For South Carolina criminal background reports contact SLED at [www.sled.sc.gov](http://www.sled.sc.gov) or (803) 737-9000. Out-of-state applicants may submit a state-issued report or any report generated by an accredited agency on PBSA's website found here: [thepbsa.org/](http://thepbsa.org/). **All criminal background reports must not be older than thirty (30) days from the date of application.**

### **FINANCIAL RESPONSIBILITY**

Applicants must complete the [Owner Prepared Financial Statement](#) and submit it with the application.

### **GOVERNMENTAL DOCUMENTS**

Applicants must provide the following:

- A copy of the Articles of Incorporation, Articles or Organization, or Partnership Agreement from the state of origin.
- A copy of the certificate showing registration with the S.C. Department of Revenue.

### **SURETY BOND**

- The applicant must maintain a surety bond on file with the Board that covers the extent of the current licensing period (through 6/30/even numbered year).
- The surety bond must be on the Board's [form](#), in the entity's legal name, and in the amount of \$75,000.
- The original surety bond must be mailed to the Board with the principal's original signature, a visible seal, and a copy of the surety company's Power of Attorney.



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## MANUFACTURED HOME MANUFACTURER APPLICATION

**Include with application:**

- Application fee in the form of a check or money order (no cash) made payable to SCMHB. (A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- \$75,000 Surety Bond made payable to SCMHB
- [Owner Prepared Financial Statement](#) reporting the net worth of the company/corporation/partnership
- Articles of Incorporation if a corporation, Partnership Agreement if a partnership, or Articles of Organization if a Limited Liability Company
- 3 bank reference letters **or** 1 business reference letter and 2 bank reference letters
- Certificate of registration from the S.C. Department of Revenue
- Statewide criminal background check for applicant/applicant’s representative for every state of residence for the past seven years (South Carolina residents must use [www.sled.sc.gov](http://www.sled.sc.gov))

**COMPANY INFORMATION**

Company Legal Name: \_\_\_\_\_

DBA “Doing Business As” Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)

Business Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Tax Identification Number issued by the South Carolina Department of Revenue: \_\_\_\_\_

Federal Identification Number issued by the Internal Revenue Service: \_\_\_\_\_

**Type of Business (select one):**

Corporation\*    LLC    LLP    Limited Partnership    Partnership    Sole-Proprietorship

Give the state of the incorporation or organization: \_\_\_\_\_

\*If the business is a corporation, have you complied with the laws of South Carolina regarding qualification for doing business in this State, or been incorporated in South Carolina and have and maintain a registered agent and a registered office in this State per SC Code of Laws 40-29-200(5)?

Yes    No    N/A

If no, explain: \_\_\_\_\_

List the names of the individual principal officers and their percent of business ownership. Also, list the name(s) of any other individual(s) who has 5% or more financial interest in the business:

NAME	% OWNERSHIP	TITLE	YEAR OF BIRTH

**PRIOR EMPLOYMENT**

List the past seven (7) years of employment history for **each** owner, partner, or officer. You may attach an additional sheet, if needed.

EMPLOYER NAME	OFFICE ADDRESS	REASON FOR LEAVING	FROM - TO (mo/yr)	POSITION TITLE

**BACKGROUND INFORMATION**

For any “Yes” answers below, please complete and submit the [Explanatory Statement of Yes Answers](#) form for each person to whom a Yes answer applies. In addition, for question number one, official court documentation related to the conviction for anyone to whom the “yes” answer applies must be submitted. For question number two, official documentation related to the relevant disciplinary action must be provided by the applicable person and/or the entity’s authorized agent.

1. Has the legal entity, owner, officer, or partner in the company been found guilty, pleaded guilty or entered a plea of nolo contendere in this or any other state for a felony or a crime involving drugs or moral turpitude, such as fraud, deception, or dishonesty?  Yes  No
2. Has the legal entity, owner, officer, or partner had a license to practice a regulated profession or occupation in this state or another state or jurisdiction canceled, revoked, suspended or otherwise disciplined, or surrendered a license in lieu of disciplinary action?  Yes  No

**ATTESTATION**

I HEREBY swear/affirm I have read all questions on this application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

Notary Signature: \_\_\_\_\_ (SEAL)

Print Notary Name: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

**PRIVACY DISCLOSURE**

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.



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)