



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Residential Builders Commission**

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**WORK EXPERIENCE AFFIDAVIT**

This is a fillable PDF form. Please download and save before completing.

A completed notarized work experience affidavit or notarized letters of reference must be submitted by all residential specialty contractor registrant applicants. Make copies of this page, as necessary.

Specialty contractor applicants/registrants may substitute this form by submitting notarized letters of reference from licensed builders, contractors, customers, owners, employers, etc. Notarized letters of reference must describe in detail the work you performed in each classification you are applying for. Dates must be included in the letter(s) to add up to the total of at least one year of residential work experience within the past 5 years for each requested trade classification. Reference letters cannot be a generic form letter. Notarized letters of reference must include the name, address, and phone number of the person signing the letter.

Trade classification changes may only be made at time of or renewal. This completed form or notarized letters of reference must also be submitted by specialty contractor registrants seeking to add a new trade classification.

**Specialty Contractor Applicant/Registrant Name:** \_\_\_\_\_

**BUSINESS NAME OF EMPLOYER OR SELF-EMPLOYED:** \_\_\_\_\_

Applicable Trade Classification(s): \_\_\_\_\_

Start/End Date of Experience: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_  
MM/DD/YY – MM/DD/YY

**Contact Person** (Business Owner or Customers work was performed for): \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

Contact Person phone and/or email: \_\_\_\_\_

Describe Experience:

**BUSINESS NAME OF EMPLOYER OR SELF-EMPLOYED:** \_\_\_\_\_

Applicable Trade Classification(s): \_\_\_\_\_

Start/End Date of Experience: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_  
MM/DD/YY – MM/DD/YY

**Contact Person** (Business Owner or Customers work was performed for): \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

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Describe Experience:

**BUSINESS NAME OF EMPLOYER OR SELF-EMPLOYED:** \_\_\_\_\_

Applicable Trade Classification(s): \_\_\_\_\_

Start/End Date of Experience: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_  
MM/DD/YY – MM/DD/YY

**Contact Person** (Business Owner or Customers work was performed for): \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

Contact Person phone and/or email: \_\_\_\_\_

Describe Experience:

**ATTESTATION**

I, the applicant listed below, affirm that all information and statements contained in this Work Experience Affidavit are true and correct to the best of my knowledge and belief. I understand that false or incorrect information may result in the cancellation or denial of the registration for which I am applying, and I may be subject to civil and criminal proceedings.

Applicant Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

Notary Signature: \_\_\_\_\_

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

*(Notary Seal)*

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

My Commission expires: \_\_\_\_\_