



South Carolina Department of Labor, Licensing and Regulation
Office of State Fire Marshal
141 Monticello Trail • Columbia, SC 29203
Phone: 803-896-9800 • Fax: 803-896-9806 • www.llronline.com
Licensing and Permitting Section



MEMORANDUM

TO: South Carolina Fire Equipment Dealer License Holders
FROM: Ray Hoshall, Chief of Licensing and Permitting ~~RH~~
DATE: December 28, 2016
SUBJECT: Renewal of South Carolina Fire Equipment Dealer License

Our records indicate that your current Fire Equipment Dealer license expires January 31, 2017. If renewal is desired, please submit the following items to the Office of State Fire Marshal. Applications must be postmarked before midnight on January 31, 2017:

1. A completed Fire Equipment Dealer License Application. For your convenience, an application is enclosed. If additional copies are needed, applicants may also access renewal forms via our website at www.scfiremarshal.llronline.com.
2. A completed Employees Certified to Conduct Fire Extinguisher and Fixed System Services in South Carolina application. List all employees with current permits seeking renewal.
3. A completed Existing Employee Renewal for each employee listed on the Employees Certified to Conduct Fire Extinguisher and Fixed System Services in South Carolina form. For employees who are to be permitted to install or service pre-engineered systems, list the systems which they can service. These employees are required to submit a **current** manufacturer's training certificate from at least one manufacturer's product being serviced, and a signed and notarized Permit Affidavit for any others.
4. A New Employee Fire Equipment Application and Permit Affidavit (to be completed only for new employees who will be taking an examination for certification or applying for an Apprentice Permit.)
5. A check in the amount of \$200 for each company and \$50 for each employee permit application made payable to the "State of South Carolina." You may also renew licenses and permits using a credit card (Visa/MasterCard) by completing and returning the attached Credit Card Authorization Form.
6. A current Certificate of Insurance (not a Policy Declaration) from a company licensed to conduct business in South Carolina **must** be included with your application. The Certificate of Insurance must list the S.C. Office of State Fire Marshal as a Certificate Holder.

Please note: All incomplete application packages will returned to the applicant unprocessed. This could result in your completed application not being received by the expiration date.

Pursuant to Subarticle 4 of the South Carolina State Fire Marshal's Rules and Regulations, licenses and permits are valid for a period of two years. There is no grace period for renewal of licenses or permits. If renewal applications are not postmarked by the expiration date, license applicants must follow all requirements for a new license. (Lapsed permit applicants must retest before a new permit can be issued). License and permit fees are nonrefundable. Licenses and permits are not transferable. Licensees and permit holders are strongly encouraged to read Subarticle 4, Section 71-8303.4.B.10, which states, "Upon leaving the employ of the specifically identified company, the permit immediately becomes invalid and must be surrendered to the OSFM within 15 business days." The licensee is responsible for ensuring that permits are properly collected and returned to OSFM.

Should you have any questions or concerns, please do not hesitate to contact Ronnie Yonce at (803) 896-9802 or via email: veronica.yonce@llr.sc.gov.

PERMIT AFFIDAVIT FOR RENEWAL OF CLASS D EMPLOYEE

I (applicant's name) _____, an employee of (company name) _____ do hereby declare that I have the ability to obtain the proper manufacturer's installation and maintenance manuals and manufacturer's parts for the (manufacturer's makes and model numbers) _____ pre-engineered fire extinguishing system(s), and I will have them in my possession when performing all installations and/or maintenance.

I further testify that I will conduct all installations and/or maintenance in complete compliance with the manufacturer's installation and maintenance manuals with the exception of obtaining a manufacturer's training certificate. I understand that any violation of this affidavit will be grounds for the revocation of my Class D fire equipment permit.

Applicant

Date

SWORN to before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

NOTE: At least one current Manufacturers Training Certificates must be attached for a Class "D" Permit.



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2017 – 2019 Fire Equipment Application New Employee

Permit Class: A B C D (submit current copy of Certificate of Training for "D")

Social Security: XXX - X - (Only last 5 digits required)

Name: _____
Last First Middle

Date of Birth: / /
Month Day Year

Driver's License Number: _____ State: _____

Home Address: _____
Street City County/ State Zip

Email Address: _____

Business Name: _____

Business Address: _____
Street City County/ State Zip

Phone: _____

PLEASE NOTE: A Verification of Lawful Presence form must be completed and attached for all new permit holders.

I certify that I have carefully read and understand the provision of the State Fire Marshal's Regulations, Subarticle 4, Portable Fire Extinguishers and Fixed Fire Extinguishing Systems, Sections 71-8303.1 through 71-8303.18 (June 24, 2016 edition).

Signature of Applicant

Date of Application

PERMIT AFFIDAVIT FOR NEW CLASS D EMPLOYEE

I (applicant's name) _____, an employee of (company name) _____ do hereby declare that I have the ability to obtain the proper manufacturer's installation and maintenance manuals and manufacturer's parts for the (manufacturer's makes and model numbers) _____ pre-engineered fire extinguishing system(s), and I will have them in my possession when performing all installations and/or maintenance.

I further testify that I will conduct all installations and/or maintenance in complete compliance with the manufacturer's installation and maintenance manuals with the exception of obtaining a manufacturer's training certificate. I understand that any violation of this affidavit will be grounds for the revocation of my Class D fire equipment permit.

Applicant

Date

SWORN to before me this _____ day of _____, 20 _____

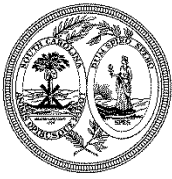
Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

NOTE: At least one current Manufacturers Training Certificates must be attached for a Class "D" Permit.



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)



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VISA/MASTERCARD PAYMENT FORM

To make payment by **VISA/MasterCard**, please complete the following information and mail, email or fax to:

Chief of Licensing and Permitting
 South Carolina Department of Labor, Licensing and Regulation
 Division of Fire & Life Safety
 141 Monticello Trail
 Columbia, SC 29203
 Fax: 803-896-9806
 Email: ray.hoshall@llr.sc.gov

_____ Company Name/ Mailing Address

Telephone No: _____

Fax No: _____

_____ Print name as it appears on credit card

Email Address: _____

Type of card: MasterCard VISA

Expiration Date: _____

_____ Credit Card Number

_____ Authorized Signature

(FORM IS NOT VALID WITHOUT AUTHORIZED SIGNATURE)

Description (Must be completed)	Fee Amount

Do you need a receipt? YES NO

FOR OFFICE USE ONLY

Category Code (Circle one) **BL** **DL** **BP** **MP** **FM** **LP** **FR** **PP** **FI** **DM** **WS** **JB**

Description:
