



Application for a Master Contractor License to Construct Onsite Wastewater Systems

Date: _____ 20__

Applicant: _____
 Owner Manager Corporate President Other

Business Name: _____

Mailing Address: _____
(Street & Number / P.O. Box / Route & Box)

(City, State & zip code)

County: _____ Phone Number: _____

Billing Address: _____
(Street & Number / P.O. Box / Route & Box)

(City, State & zip code)

Number of years experienced as an onsite wastewater system contractor: _____
If from another state, affidavits from regulatory authority supporting 5 years experience with no pending disciplinary action involving the construction of onsite wastewater systems.

List below required bonding and insurance coverage and attach supporting documentation:

In applying for this license, I understand and agree that:

1. Violation of Regulations 61-56, 61-56.1 and 61-56.2, and the South Carolina Pollution Control Act (48-1-10 et seq.) may constitute grounds for suspension or revocation of the license.
2. This license shall not be transferable from one person or firm to another.
3. The issuance of this license shall not be construed to limit the power of any municipal, county or other governmental entity to enforce other license requirements or additional measures for the restriction of persons constructing onsite wastewater systems.

Applicant's Signature

Instructions for Completing “Application for a Master Contractor License to Construct Onsite Wastewater Systems

1. **“Applicant”** - Fill in the name of the applicant and check the appropriate business title (Owner, Manager, Corporate President, or Other).
2. **“Business Name”** – Fill in the name of the business.
3. **“Mailing Address”** – Fill in the mailing address of the business.
4. **“County”** – Fill in the county in which the business is located.
5. **“Phone Number”** – Fill in the phone number at which the applicant can be contacted.
6. **“Billing Address”** – Fill in the address to which the department can forward billing information.
7. **“Number of years experienced....”** – Fill in the years experienced as an onsite wastewater system contractor in South Carolina. If you have no experience constructing onsite wastewater systems in South Carolina, you must include affidavits from another state regulatory authority supporting 5 years experience with no pending disciplinary action involving the construction of onsite wastewater systems.
8. **“List below required bonding and insurance coverage...”** Fill in the appropriate bonding and insurance information and attach proof of coverage to the application.
9. **“Applicants Signature”** – The applicant must sign to complete the application process.

For Department Use Only

10. **“Inventory Input”** – Select the appropriate inventory input for the application. The business is being Added, Re-Added, Closed, or Changed. Also, the business may be Adding Continuing Education Credits.
11. **“Examination No.”** – Fill in the assigned examination no.
12. **“Date”** – Fill in the date that the examination was administered.
13. **“Grade”** – Fill in the grade given to the applicant’s examination.
14. **“Program Coordinator”** – Fill in the name of the department’s employee that administered the examination or updated the inventory.
15. **“County No.”** – Fill in the county number in which the business is located.
16. **“Program Code”** – Fill in the appropriate Program Code for the master contractor.
17. **“License Number”** – Fill in the unique master contractor license number assigned to the applicant.
18. **“Continuing Education Credit and Comments”** – Fill in Continuing Education Credits and other general comments relative to this application.