

Accreditation in Business Licensing Exam Application

I. General:

Name: _____
First Middle Last

Title: _____

Employer: _____ Date Hired: _____

Mailing Address: _____

(Street Address or PO Box) Type: ☐ Business ☐ Home ☐ New

City State ZIP

Phone: (____) _____

Email: _____

II. Exam Requirements: Satisfactory completion of the Accreditation in Business Licensing exam.

Note: Approval to sit for ABL exam is contingent upon satisfactory completion of all requirements and documentation thereof.

What year did you graduate from the BLOA Training Institute? _____

Please select the date you will take the Accreditation in Business Licensing exam:

___ Thursday, June 26, 2025 (Application and fee must be received by **Friday, June 20**)

___ Tuesday, July 29, 2025 (Application and fee must be received by **Friday, July 25**)

Both exams will be held at the Municipal Association of SC, located at 1411 Gervais St., Columbia, SC, and begin at 10 a.m.

III. Application and Exam Fee: The exam fee of \$125 for BLOA members and \$175 for nonmembers. Payment must accompany each application.

Note: The application fee is nonrefundable. Refunds will not be made for ineligibility or failure to sit for the exam. Please verify your membership status before submitting your application.

Send completed application along with check made **payable to the Municipal Association of SC** to:

ABL Program
Municipal Association of SC
PO Box 12220
Columbia, SC 29211

To pay with a credit card, email completed application to Susan Walters (swalters@masc.sc) to process the request and receive a payment link.

IV. Code of Ethics: Those seeking the ABL designation must agree to abide by the ABL/MBL Code of Ethics.

I hereby apply for the Accreditation in Business Licensing designation and attest that all statements and presentations herein are accurate and true to the best of my knowledge. By signing below, I signify that I have affirmed my belief in and practice the ABL/MBL Code of Ethics. I acknowledge that the ABL designation is subject to revocation or other action under the Policy and Procedure on Revocation of ABL/MBL designations and I agree to abide by that Policy and Procedure.

Any person found to have obtained an ABL designation under false pretenses will have the designations rescinded.

Signature _____ Date _____

ABL / MBL Code of Ethics

Believing that increased cooperation between business licensing officials and other officials and organizations, locally, nationally, and internationally, is vital to the structure of any business licensing entity, I do hereby subscribe to the following principles and ethics which I affirm will govern my personal conduct as a state business licensing official:

- To uphold constitutional government and the laws and ordinances of my community;
- To properly follow all state business licensing rules and regulations;
- To so conduct my public and private life as to be an example to my fellow citizens;
- To impart to my profession those standards of quality and integrity that the conduct of the affairs of my office shall be above reproach and merit public confidence in my organization and the public being served;
- To strive consistently to improve the administration of the affairs of my office with applicable laws and through sound management practices to produce continued progress to fulfill my responsibilities to my community and others;
- To treat taxpayer information as confidential regarding gross sales of a business;
- To be sufficiently educated in the license ordinance, applications, fees and permits in order to fully explain them to the public;
- To attend educational seminars or other licensing organization meetings regarding licensing changes, education and accreditation;
- To treat the tax-paying public equally and fairly in regards to licensing, rates and penalties. To seek or dispense no personal favors;
- To be ever mindful of my neutrality and impartiality rendering equal service to all and to extend the same treatment I wish to receive myself;
- These things I, as a Business Licensing Official, do pledge to do in the interest and purposes for which our government has been established.

☐ **I acknowledge that the ABL/MBL designations are subject to revocation or other action under the Policy and Procedure on Revocation of ABL/MBL Designations, and I agree to abide by that Policy and Procedure.**

Signature _____

Date _____