

NAME CHANGE APPLICATION

Send to: N. C. State Board of Examiners of Electrical Contractors, 3101 Industrial Drive, Suite 206, Raleigh, NC 27609

SEE IMPORTANT INFORMATION ON BACK OF THIS FORM

LICENSE NUMBER: _____

1. NAME AND ADDRESS IN WHICH LICENSE IS NOW ISSUED: _____

2. NAME AND COMPLETE MAILING ADDRESS IN WHICH LICENSE IS TO BE REISSUED: _____

BUSINESS LOCATING ADDRESS: _____ COUNTY: _____

PHONE: ____/____-____ FAX NO.: ____/____-____ CELL: ____/____-____

EMAIL: _____

3. DO YOU PLAN TO CONDUCT AN ELECTRICAL CONTRACTING BUSINESS: FULL-TIME? PART-TIME?

4. INDICATE THE NATURE OF YOUR BUSINESS **AND** GIVE NAME OF OWNER, PARTNERS, OFFICERS OR MEMBERS BELOW:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY

UNDER STATE LAW, AN APPLICANT IS NOT REQUIRED TO INCLUDE A REFERENCE TO OR INFORMATION CONCERNING ANY ARREST, CHARGE OR CONVICTION THAT HAVE BEEN EXPUNGED

5. HAS THE OWNER, ANY PARTNER, ANY OFFICER, ANY MEMBER, OR ANY QUALIFIED INDIVIDUAL BEEN CONVICTED OF A **MISDEMEANOR** (EXCLUDING MINOR TRAFFIC VIOLATIONS) DURING THE PAST 3 YEARS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A **FELONY**? YES NO

IF YES TO EITHER, EXPLAIN ON REVERSE SIDE OF THIS FORM AND PROVIDE A COPY OF THE COURT JUDGMENT. IF A COPY OF THE COURT JUDGMENT WAS PREVIOUSLY SUBMITTED, INITIAL HERE _____ AND DO NOT RE-SUBMIT.

6. IF THIS BUSINESS IS A PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY, OR IF THE OWNER IS SOMEONE OTHER THAN THE QUALIFIED INDIVIDUAL, THIS REQUEST, INCLUDING THE FOLLOWING STATEMENT, MUST BE SIGNED BY A PARTNER (IF A PARTNERSHIP), AN OFFICER (IF A CORPORATION), A MEMBER (IF A LIMITED LIABILITY COMPANY), OR THE OWNER (IF A SOLE PROPRIETORSHIP):

This is to certify that _____ (name of qualified individual) is employed full-time/part-time by _____ (name of company) and that he/she has the specific duty and authority to provide direct supervision of all installations, maintenance, alteration or repair of any electrical wiring, devices, appliance or equipment done in the name of the licensee in the State of North Carolina. The STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS will be notified **WITHIN FIVE DAYS** of any additions to or loss of the employment of qualified individuals (See NCGS 87-43.2).

SIGNATURE OF OWNER, PARTNER OR OFFICER

TITLE

SS# OF QUALIFIED INDIVIDUAL: _____

Signature of Qualified Individual

*******(DO NOT WRITE BELOW THIS LINE - FOR BOARD USE ONLY)*******

REQUEST APPROVED _____ BY _____ CURRENT LICENSE RETURNED & DESTROYED _____

DATA ENTRIES _____ BY _____ B.A. _____ NEW LICENSE MAILED _____ DELIVERED _____

IMPORTANT-READ CAREFULLY

REQUIREMENTS FOR EACH CLASSIFICATION

1. Submit a completed application to the Board on a form provided by the Board;
2. **Out of State Corporations/Limited Liability Companies:** The Board shall not issue a license for a foreign corporation nor a foreign limited liability company unless the corporation/company has obtained a certificate of authority from the **NORTH CAROLINA** Secretary of State **(919) 807-2225**.
3. **Intermediate (I) Classification.** License applicants in the intermediate classification shall furnish a \$50,001.00 bonding ability statement or a letter showing a line of credit issued by a bank, savings bank, or savings and loan association pursuant to G.S. 87-43.2(a)(4).
4. **Unlimited (U) Classification.** License applicants in the unlimited classification shall furnish a \$130,001.00 bonding ability statement or a line of credit letter issued by a bank, savings bank, or savings and loan association pursuant to G.S. 87-43.2(a)(4).

TITLE 21, CHAPTER 18B, NORTH CAROLINA ADMINISTRATIVE CODE:

.0402 LICENSE NAME REQUIREMENTS

(a) Issuance of License. The name in which a license is issued must be distinguishable upon the records of the Board from the name in which a license has already been issued. If the name requested, after deleting all spaces, punctuation marks, articles, prepositions, conjunctions and, whether abbreviated or not, "corporation," "incorporated," "company," or "limited," is not identical to the name in which a license has already been issued, it shall be distinguishable. The substitution of a numeral for a word that represents the same numeral shall not make the name distinguishable.

(b) Name In Which Business Must Be Conducted. All electrical contracting business, including all business advertising and the submission of all documents and papers, conducted in the state of North Carolina by a licensee of the Board shall be conducted in the exact name in which the electrical contracting license is issued.

(c) Notification of Address and Telephone Change. All licensees shall notify the Board in writing within 30 days of any change in location or mailing address and telephone number.

History Note: Authority G.S. 87-42;

Eff. October 1, 1988;

Amended Eff. March 1, 1999; February 1, 1996.

NOTICE OF PROCESSING FEE FOR SUBMITTAL OF BAD CHECK

Pursuant to Rule .0107 of Title 21, Chapter 18B, of the North Carolina Administrative Code, any person, partnership, firm or corporation submitting a check to the Board which is subsequently returned because of insufficient funds or no account at a bank will be charged a processing fee of \$25.00 for such a check; and, until the payer has made the check good and paid the \$25.00 processing fee, the payer will not be eligible to take an examination, review an examination, obtain a license or have a license renewed. Payment for making good such bad check and for the \$25.00 processing fee must be in the form of a cashier's check or money order payable to the Board.

STATEMENT OF BONDING ABILITY

The license applicant named below is required to furnish this statement of bonding ability with application to the North Carolina **STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS** for a license to engage or offer to engage in the business of electrical contracting in the State of North Carolina. This form should be completed by applicant's insurance agent or bonding company official.

DATE: _____

1. IDENTIFICATION OF LICENSE APPLICANT: EXACT NAME IN WHICH NORTH CAROLINA ELECTRICAL CONTRACTING LICENSE IS TO BE ISSUED (**MUST BE EXACT NAME IN WHICH FIRM WILL BE CONDUCTING BUSINESS OF ELECTRICAL CONTRACTING IN NORTH CAROLINA**):

MAILING ADDRESS: STREET/P.O. BOX _____

CITY _____ STATE _____ ZIP _____

2. PLEASE LIST BY AMOUNT ONLY THE THREE LARGEST JOBS FOR WHICH YOUR COMPANY HAS BONDED THIS APPLICANT:
(a) _____ (b) _____ (c) _____

3. IS YOUR BONDING RELATIONSHIP WITH THIS APPLICANT SATISFACTORY AT THE PRESENT TIME: YES NO

IF **NO**, PLEASE EXPLAIN: _____

4. WHAT TYPE FINANCIAL STATEMENT DOES YOUR COMPANY REQUIRE FROM THIS APPLICANT?

- (a) _____ INDEPENDENT ACCOUNTANT'S CERTIFIED STATEMENT
(b) _____ INDEPENDENT ACCOUNTANT'S UNAUDITED STATEMENT
(c) _____ STATEMENT PREPARED BY ACCOUNTANT

5. THE APPLICANT FOR AN **INTERMEDIATE** LICENSE IS REQUIRED TO PROVIDE SATISFACTORY VERIFICATION OF ITS/HIS ABILITY TO FURNISH **PERFORMANCE** BONDS FOR ELECTRICAL CONTRACTING PROJECTS HAVING A VALUE **IN EXCESS OF \$50,000.00**. SUBJECT TO YOUR NORMALLY EXPECTED INDIVIDUAL JOB UNDERWRITING PROCEDURES AND YOUR RIGHT NOT TO EXCEED THIS APPLICANT'S LINE OF BONDING CREDIT, DOES YOUR COMPANY FEEL THAT THIS APPLICANT WOULD BE ELIGIBLE ON THIS DATE FOR A BOND **IN EXCESS OF \$50,000.00**? (NOTE: THIS IS STRICTLY A BONDING ABILITY STATEMENT AS OF THE DATE SHOWN ABOVE AND IN NO WAY COMMITS YOUR COMPANY TO THE ISSUANCE OF A BOND OF ANY TYPE TO THIS APPLICANT.) YES NO

6. IS YOUR COMPANY DULY LICENSED TO TRANSACT BUSINESS IN THE STATE OF NORTH CAROLINA AND IN GOOD STANDING WITH THE NORTH CAROLINA DEPARTMENT OF INSURANCE? YES NO

THIS STATEMENT MUST BE SIGNED UNDER THE NAME OF THE BONDING COMPANY AND MUST BE SIGNED BY EITHER A COMPANY REPRESENTATIVE OR BY A DULY LICENSED AGENT OF THE COMPANY, AND THE COMPANY REPRESENTATIVE OR THE AGENT MUST **ATTACH POWER OF ATTORNEY** AUTHORIZING HIM/HER TO SIGN FOR THE BONDING COMPANY, **DATED THE SAME DATE AS SHOWN AT THE TOP OF THIS STATEMENT OF BONDING ABILITY**.

NAME OF BONDING COMPANY: _____

BY: _____ (SEAL)
Bonding Company Official

BOND AGENT/ATTORNEY IN FACT: _____

BONDING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED: _____

NAME OF INSURANCE AGENCY: _____

ADDRESS: _____

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MAILING ADDRESS: STREET/P.O. BOX _____

CITY _____ STATE _____ ZIP _____

2. PLEASE LIST BY AMOUNT ONLY THE THREE LARGEST JOBS FOR WHICH YOUR COMPANY HAS BONDED THIS APPLICANT:

(a) _____ (b) _____ (c) _____

3. IS YOUR BONDING RELATIONSHIP WITH THIS APPLICANT SATISFACTORY AT THE PRESENT TIME: YES NO

IF **NO**, PLEASE EXPLAIN: _____

4. WHAT TYPE FINANCIAL STATEMENT DOES YOUR COMPANY REQUIRE FROM THIS APPLICANT?

(a) _____ INDEPENDENT ACCOUNTANT'S CERTIFIED STATEMENT

(b) _____ INDEPENDENT ACCOUNTANT'S UNAUDITED STATEMENT

(c) _____ STATEMENT PREPARED BY ACCOUNTANT

5. THE APPLICANT FOR AN **UNLIMITED** LICENSE IS REQUIRED TO PROVIDE SATISFACTORY VERIFICATION OF ITS/HIS ABILITY TO FURNISH **PERFORMANCE BONDS** FOR ELECTRICAL CONTRACTING PROJECTS HAVING A VALUE **IN EXCESS OF \$130,000.00**. SUBJECT TO YOUR NORMALLY EXPECTED INDIVIDUAL JOB UNDERWRITING PROCEDURES AND YOUR RIGHT NOT TO EXCEED THIS APPLICANT'S LINE OF BONDING CREDIT, DOES YOUR COMPANY FEEL THAT THIS APPLICANT WOULD BE ELIGIBLE ON THIS DATE FOR A BOND **IN EXCESS OF \$130,000.00**? (NOTE: THIS IS STRICTLY A BONDING ABILITY STATEMENT AS OF THE DATE SHOWN ABOVE AND IN NO WAY COMMITS YOUR COMPANY TO THE ISSUANCE OF A BOND OF ANY TYPE TO THIS APPLICANT.) YES NO

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NAME OF BONDING COMPANY: _____

BY: _____ (SEAL)
Bonding Company Official

BOND AGENT/ATTORNEY IN FACT: _____

BONDING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED: _____

NAME OF INSURANCE AGENCY: _____

ADDRESS: _____

UNLIMITED