## NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS



505 N. Greenfield Pkwy, Suite 100, Garner, NC 27529
Phone: (919) 733-9042 Fax: (800) 691-8399 Email: office@ncbeec.org Web: www.ncbeec.org

## RESPONDENT REGISTRATION FORM

Laws & Rules of Electrical Contracting Class

## \$25.00 Course Fee

The Board conducts a 4-hour class concerning the laws and rules impacting electrical contractors. Classes will be held on the dates listed below. Respondents taking this course due to an enforcement case will NOT receive any continuing education credits for attending. **NOTE: All fees are non-refundable; should you fail to attend, you will not receive a refund for this class.** 

A copy of your receipt will be emailed to you. Your receipt will serve as confirmation that you are registered for your selected class. **Please contact your assigned Field Investigator with any questions.** Please complete ALL fields below; INCOMPLETE FORMS WILL NOT BE ACCEPTED.

	Form Submittal:					
	Mail: NCBEEC, 505 N.	•	Email: Office@ncbeec.org	Fax: (800) 6	91-8399	
	Suite 100, Garno	er, NC 27529				
ENFORCEMENT CAS	E #:					
REGISTRANT NAME:		LAST 4 SSN#:(REQUIRED)				
	(Full Name)			(REC	QUIRED)	
ELECTRICAL LICENSE	#:	COMPANY:				
ADDRESS:						
(Street Add	ress, City, State, Zip)					
EMAIL:			PHONE:			
AVALLABLE CLASSES						
AVAILABLE CLASSES Select the class you a						
	12, 2023	Mecklenbrg County Code Enforcement - Pine/Frazier Conference Center				
8:00	am - 12:00 pm	2145 Suttle	Avenue, Charlotte, N	C 28202 (4th f	loor)	
Sept	ember 12, 2023	Southwester	rn Community Colleg	<b>e</b> - Jackson Ca	mpus (Sylva Campເ	- (su
8:00	am - 12:00 pm	Burrell Build	ing, Room 102 - 447 (	College Drive, S	Sylva, NC 28779	
Nov	ember 15, 2023	Fayetteville	PWC Operations Com	nplex - Main M	leeting Room	
8:00	am - 12:00 pm	955 Old Wilmington Road, Fayetteville, NC 28302				
PAYMENT INFORMAT	ΓΙΟΝ					
Method of Payment:	CHECK	MONEY ORDER	CREDIT CARD			
Please make checks payable to						
CARD #:			EXP. DATE:	SECURIT	Y CODE:	
NAME ON CARD: _						_
BILLING ADDRESS:			CITY:	STATE:	ZIP:	_
NOTE: Pursuant to Rule .0107 of T			Code a check to the Board tha	t is subsequently retur	ned because of insufficient	
funds or no account at a bank will	pe cnarged a processing fee of	\$25.00.				
			BUSINESS DAYS FOR PR			
$\Delta COPY$	OF YOUR RECEIPT WIL	I RE EMAILED TO	YOU AS CONFIRMATIO	N OF YOUR REG	ISTRATION	

(BOARD USE ONLY)								
BY	DATE	FEE \$	BATCH					