

#### APPLICATION FOR LICENSE BY RECIPROCITY: TN

NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

Phone: (919) 733-9042 Email: Office@ncbeec.org Web: www.ncbeec.org

#### **APPLICATION SUBMITTAL:**

Mail: NCBEEC, 505 N. Greenfield Pkwy. Email: Office@ncbeec.org Fax: (800) 691-8399

Suite 100, Garner, NC 27529

Applicants who hold an active CE classification electrical license in the state of Tennessee may apply for any electrical contracting license classification in the state of North Carolina via reciprocity.

| <u>AP</u> | PPLICATION CHECKLIST:   |
|-----------|---|
|           | Completed License Application (form enclosed) including applicable license fee for the classification chosen.   |
|           | Official Verification of Electrical Licensure / Examination Waiver from the state where the examination was originally taken and license was subsequently obtained (Tennessee). To request a license/exam verification, contact the issuing state authority (i.e. the Tennessee Board) to request the license verification. The issuing authority should complete and sign the license verification/exam waiver and stamp with official seal. Copies of licenses and/or examination scores will not be accepted in lieu of official verification. There may be a fee associated with this request.  |
|           | Qualified Individual Affidavit form (form enclosed) completed by the applicant.   |
|           | <b>2 Character Statement Forms</b> (forms enclosed) completed by at least two people who are knowledgeable of and will attest to the applicants' character.   |
|           | North Carolina Laws, Rules and Business Practices Examination (enclosed) should be completed and submitted with your application. All applicants applying for a license under a technical examination wavier agreement (i.e. under a reciprocal agreement) must pass the attached 25 question examination located at the end of this application. The test questions are developed from the NASCLA Business and Project Management for Contractors: North Carolina Electrical Contractors' Edition booklet available at <a href="https://www.nascla.org">www.nascla.org</a> and from the NCBEEC Laws & Rules available at <a href="https://www.ncbeec.org/laws-rules">www.ncbeec.org/laws-rules</a> . |
|           | (Unlimited Classification Applicants ONLY)  2 Supervise & Direct Statement Forms (forms enclosed) completed by at least two people who are knowledgeable of and can attest to the applicants' ability to supervise and direct all electrical work.  |
|           | (Unlimited Classification Applicants ONLY)  Unlimited Statement of Bonding Ability (form enclosed) for \$150,001.00 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). If submitting a line of credit letter, the letter must be from the applicants' business/company bank, should be written on bank letterhead, and must be signed by a bank official. The letter should contain the following statement:  "This will serve to advise you that (name of business/company) has been approved for a \$ (at least \$150,001.00) line of credit with our bank which may be utilized at any time."                              |
|           | (Intermediate Classification Applicants ONLY)  Intermediate Statement of Bonding Ability (form enclosed) for \$60,001.00 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). If submitting a line of credit letter, the letter must be from the applicants' business/company bank, should be written on bank letterhead, and must be signed by a bank official. The letter should contain the following statement:  "This will serve to advise you that (name of business/company) has been approved for a \$ (at least \$60,001.00) line of credit with our bank which may be utilized at any time."                |
|           | (Corporation or LLC Companies ONLY)  Register Business with the NC Secretary of State if the company you are attaching to your license (and you have listed on this application) is an LLC or a Corporation. If you plan to start, or are adding, a business that is a corporation (Inc.) or limited liability company (LLC) to your new license, the business must be registered with the NC Secretary of State. We will not issue a license for a corporation nor a limited liability company unless the company has obtained a certificate of authority from the North Carolina Secretary of State. For more information visit <a href="www.sosnc.gov">www.sosnc.gov</a> or call 814-5400.         |
|           | Complete NCBEEC Laws & Rules Class. If you're a newly listed qualified individual, meaning you're being added to a license for the  |

first time after 01/01/2025, you must complete a free 4-hour Laws and Rules class conducted by the Board within 12 months. All

class dates are listed on the Board website at www.ncbeec.org/laws-rules/classes.

#### 21 NCAC 18B .0402 - LICENSE NAME REQUIREMENTS:

Pursuant to Rule .0402 of Title 21, Chapter 18B, of the North Carolina Administrative Code:

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.

- (a) 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.
- (b) 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.

#### 21 NCAC 18B .0107 - 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.

#### SESSION LAW 2019-91. HOUSE BILL 770. (H770-v-7) - CRIMINAL BACKGROUND AND HISTORY CHECKS:

Pursuant to Session Law 2019-91, all licensing boards must include a reference to the appeal process in any order denying licensure based on criminal convictions. The Board may conduct a formal criminal or disciplinary history check. Answering "yes" to any of these questions or having a conviction, disciplinary or adverse employment action is not automatically a basis for denial of licensure. When an applicant has a criminal conviction, the Board will consider:

- 1) The level and seriousness of the crime.
- 2) The date of the crime.
- 3) The age of the person at the time of the crime.
- 4) The circumstances surrounding the commission of the crime, if known.
- 5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- 6) Prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- a. The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- b. A Certificate of Relief granted pursuant to North Carolina Gen. Stat. § 15A-173.2.
- 7) The subsequent commission of a crime by the applicant.
- 8) Any affidavits or other written documents, including character references.

If Board staff is unable to approve an application, the applicant has the right to request to have that application heard by the members of the Board. Any such request should be submitted in writing to the Board's Executive Director. The Board will conduct that hearing pursuant to the North Carolina Administrative Procedure Act and the Board's own hearing rules. As a result of the evidence presented at that hearing and considering the considerations outlined above, the Board may refuse to grant or may condition a license if it finds any of the grounds for doing so under North Carolina Gen. Stat. § 90-85.38(a). If the applicant wishes to appeal the Board's final decision, the applicant may seek review of the decision by filing a petition for judicial review in the Superior Court pursuant to Article 4 of the Administrative Procedure Act, North Carolina Gen. Stat. § 150B-43 et seq.

#### 21 NCAC 18B .1101 - CONTINUING EDUCATION REQUIREMENTS: LISTED QUALIFIED INDIVIDUALS:

- (a) Upon becoming a qualified individual, as defined in G.S. 87-41.1, all qualifiers shall complete a free, four-hour Laws and Rules Course conducted by Board staff within 12 months after becoming a qualified individual or 90 days prior to becoming a qualified individual. Completion of the Laws and Rules Course pursuant to this requirement shall satisfy 4 of the required contact hours of continuing education for the initial renewal of the individual's qualification.
- (b) Every listed qualified individual, including listed qualified individuals pursuant to G.S. 87-50, shall complete continuing education for each license period (July 1 June 30) to renew the license on which the qualified individual is currently listed, for the next license period, except as follows:
  - 1) Individuals becoming qualified by examination during the 12-month period immediately preceding the license renewal date;
  - 2) qualified individuals unable to fulfill the required number of hours as the result of illness as certified in writing by the attending physician; or
  - 3) persons presenting approved courses of continuing education.
- (c) The number of required contact hours for every listed qualified individual shall be determined by the classification of license on which the qualified individual is currently listed as follows:
  - 1) Qualified individuals currently listed on a license in the limited, intermediate, unlimited and special restricted single family dwelling classifications shall complete at least eight hours of approved continuing education for license renewal; and
  - 2) qualified individuals currently listed on a license in the special restricted fire alarm/low voltage (FALV), special restricted elevator (SP-EL), special restricted plumbing and heating (SP-PH), special restricted ground water pump (SP-WP), special restricted electric sign (SP-ES) and special restricted swimming pool (SP-SP) classifications shall complete at least four hours of approved continuing education for license renewal.



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Email: Office@ncbeec.org

Fax: (800) 691-8399

| 1. CLASSIFICATION OF LICENSE DESIRED: (CHECK CASSIFICATION): LICENSE FEE MUST BE SUBMITTED WITH APPLICATION)    UNILIMITED   \$200.00   | SECTION 1: BUSINESS INFORMATION |  |                                    |                                    |  |  |  |
|---|---------------------------------|--|------------------------------------|------------------------------------|--|--|--|
| UNIMITED   \$200.00   SP-PP   \$100.00   SP-PL   \$100.00   SP-PL | 1                               | · CLASSIFICATION OF LICENSE DESIR                                | RED: (CHECK CLASSIFICATION; LICE   | NSE FEE MUST BE SUBMITTED WI       | TH APPLICATION)                        |  |  |
| MUST BE EVACT MAKE IN WHICH ELECTRICAL CONTRACTING BUSINESS WILL BE CONDUCTED IN INC. MUST MATCH REGISTRATION WITH INCSOS (IF APPLICABLE).  3. PHYSICAL ADDRESS  (IF DIFFERNT FROM ABOVE)  A MAILING ADDRESS  (IF DIFFERNT FROM ABOVE)  NUMBER AND STREET  DTV  STATE  2IP  5. BUSINESS PHONE (INCLUDING AREA CODE):  6. CELL PHONE (INCLUDING AREA CODE):  7. EMAIL ADDRESS:  1. LICENSE HOLDER WILL RECEIVE ALL BOARD CORRESPONDENCE AT THIS EMAIL.  8. INDICATE THE NATURE OF THE COMPANY AND LIST THE NAMES AND TITLES OF OWNERS/PARTNERS/OFFICERS/MEMBERS ON THE LINE BELOW:    SOLE PROPRIETORSHIP   PARTNERSHIP   CORPORATION   LIMITED LIABILITY COMPANY NAMES/TITLES:  9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS?   FULL-TIME   PART-TIME  SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:  FULL NAME   SIGNATURE   SIGNATURE   DATE OF BIRTH   SOCIAL SECURITY NUMBER  1. LICENSE HOLDER / PRIMARY QUALIFIER   APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  |                                 | □UNLIMITED       \$ 200.00         □INTERMEDIATE       \$ 150.00 | SP-SFD \$ 100.00                   | ALV \$ 100.00                      |  |  |  |
| (IV) STATE ZEP  4. MAILING ADDRESS (IF DIFFERENT FROM ABOVE) NUMBER AND STREET  CITY STATE ZEP  5. BUSINESS PHONE (INCLUDING AREA CODE):  6. CELL PHONE (INCLUDING AREA CODE):  7. EMAIL ADDRESS: (INCLUDING AREA CODE): (INCLUDING A  | 2.                              |  | RACTING BUSINESS WILL BE CONDUCTED | ) IN NC. MUST MATCH REGISTRATION V | VITH NCSOS (IF APPLICABLE).            |  |  |
| 4. MAILING ADDRESS  (IF DIFFERENT FROM ABOVE)  OTY  STATE  ZIP  5. BUSINESS PHONE (INCLUDING AREA CODE):  6. CELL PHONE (INCLUDING AREA CODE):  7. EMAIL ADDRESS:  UCENSE HOLDER WILL RECEIVE ALL BOARD CORRESPONDENCE AT THIS EMAIL.  8. INDICATE THE NATURE OF THE COMPANY AND LIST THE NAMES AND TITLES OF OWNERS/PARTNERS/OFFICERS/MEMBERS ON THE LINE BELOW:  SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY NAMES/TITLES:  9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS? PULL-TIME PART-TIME  SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:  FULL NAME SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER  UCENSE HOLDER / PRIMARY QUALIFIER  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  | 3.                              |  | NUMBER AND ST                      | REET                               |  |  |  |
| OTY STATE ZIP  5. BUSINESS PHONE (INCLUDING AREA CODE):   |                                 | CITY   | STAT                               | E                                  | ZIP                                    |  |  |
| SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:    SUGNATURE   DATE OF BIRTH   SOCIAL SECURITY NUMBER   | 4.                              |  | NUMBER AND ST                      | REET                               |  |  |  |
| 6. CELL PHONE (INCLUDING AREA CODE):  7. EMAIL ADDRESS:   | _                               |  |                                    |                                    |  |  |  |
| 7. EMAIL ADDRESS:    IJCENSE HOLDER WILL RECEIVE ALL BOARD CORRESPONDENCE AT THIS EMAIL.  8. INDICATE THE NATURE OF THE COMPANY AND LIST THE NAMES AND TITLES OF OWNERS/PARTNERS/OFFICERS/MEMBERS ON THE LINE BELOW:    SOLE PROPRIETORSHIP   PARTNERSHIP   CORPORATION   LIMITED LIABILITY COMPANY     NAMES/TITLES:   PART-TIME   PART-TIME    9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS?   FULL-TIME   PART-TIME    SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:    FULL NAME   SIGNATURE   DATE OF BIRTH   SOCIAL SECURITY NUMBER  | 5.                              | BUSINESS PHONE (INCLUDING AREA CODE):                            |                                    |                                    |  |  |  |
| 8. INDICATE THE NATURE OF THE COMPANY AND LIST THE NAMES AND TITLES OF OWNERS/PARTNERS/OFFICERS/MEMBERS ON THE LINE BELOW:    SOLE PROPRIETORSHIP   PARTNERSHIP   CORPORATION   LIMITED LIABILITY COMPANY     NAMES/TITLES:   PARTNERSHIP   CORPORATION   LIMITED LIABILITY COMPANY     NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING     WITH THE LICENSE HOLDER:   SIGNATURE   DATE OF BIRTH   SOCIAL SECURITY NUMBER     LICENSE HOLDER / PRIMARY QUALIFIER     ADDITIONAL QUALIFIER (IF APPLICABLE)   ADDITIONAL QUALIFIER (IF APPLICABLE)     ADDITIONAL QUALIFIER (IF APPLICABLE)   CORPORATION     RESERVE   | 6.                              | CELL PHONE (INCLUDING AREA CODE):                                |                                    |                                    |  |  |  |
| THE LINE BELOW:    SOLE PROPRIETORSHIP   PARTNERSHIP   CORPORATION   LIMITED LIABILITY COMPANY     NAMES/TITLES:   PART-TIME    9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS?   FULL-TIME   PART-TIME    SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:    FULL NAME  | 7.                              |  | PONDENCE AT THIS EMAIL.            |                                    |  |  |  |
| 9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS?   FULL-TIME   PART-TIME    SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:  FULL NAME   SIGNATURE   DATE OF BIRTH   SOCIAL SECURITY NUMBER    LICENSE HOLDER / PRIMARY QUALIFIER    ADDITIONAL QUALIFIER (IF APPLICABLE)   | 8.                              |  | PANY AND LIST THE NAMES            | AND TITLES OF OWNERS/P             | ARTNERS/OFFICERS/MEMBERS ON            |  |  |
| 9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS?   FULL-TIME   PART-TIME    SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:  FULL NAME   SIGNATURE   DATE OF BIRTH   SOCIAL SECURITY NUMBER  LICENSE HOLDER / PRIMARY QUALIFIER   ADDITIONAL QUALIFIER (IF APPLICABLE)   ADDITIONAL QUALIFIER (IF APPLICABLE)   ADDITIONAL QUALIFIER (IF APPLICABLE)   ADDITIONAL QUALIFIER (IF APPLICABLE)   (BOARD USE ONLY)  |                                 | ☐ SOLE PROPRIETORSHIP ☐  | PARTNERSHIP ☐ CORPO                | RATION 🗌 LIMITED LI                | ABILITY COMPANY                        |  |  |
| SECTION 2: QUALIFIED INDIVIDUAL INFORMATION  10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:  FULL NAME  SIGNATURE  DATE OF BIRTH  SOCIAL SECURITY NUMBER  LICENSE HOLDER / PRIMARY QUALIFIER  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)  |                                 | NAMES/TITLES:  |                                    |                                    |  |  |  |
| 10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSE HOLDER:  FULL NAME  SIGNATURE  DATE OF BIRTH  SOCIAL SECURITY NUMBER  LICENSE HOLDER / PRIMARY QUALIFIER  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)   | 9.                              |  |                                    |                                    |  |  |  |
| WITH THE LICENSE HOLDER:  FULL NAME  SIGNATURE  DATE OF BIRTH  SOCIAL SECURITY NUMBER  LICENSE HOLDER / PRIMARY QUALIFIER  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)   | SEC                             | ION 2: QUALIFIED INDIVIDU  | AL INFORMATION                     |                                    |  |  |  |
| LICENSE HOLDER / PRIMARY QUALIFIER  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)  | 10.                             |  | AND SOCIAL SECURITY NUM            | IBER OF EACH INDIVIDUAL            | TO BE ADDED TO LICENSE <b>STARTING</b> |  |  |
| ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)  | FL                              | JLL NAME   | <u>SIGNATURE</u>                   | DATE OF BIRTH                      | SOCIAL SECURITY NUMBER                 |  |  |
| ADDITIONAL QUALIFIER (IF APPLICABLE)  ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)  | LIC                             | CENSE HOLDER / PRIMARY QUALIFIER                                 |                                    |                                    |  |  |  |
| ADDITIONAL QUALIFIER (IF APPLICABLE)  (BOARD USE ONLY)  | ĀD                              | DITIONAL QUALIFIER (IF APPLICABLE)                               |                                    |                                    |  |  |  |
| (BOARD USE ONLY)  | ĀD                              | DITIONAL QUALIFIER (IF APPLICABLE)                               |                                    |                                    |  |  |  |
|   | ĀD                              | DITIONAL QUALIFIER (IF APPLICABLE)                               | (DOADD LISS ON                     |                                    |  |  |  |
|   |                                 |  |                                    |                                    |  |  |  |

# **SECTION 3: COMPLIANCE INFORMATION**

CITY

| 11. |   |                              |  |   | ONCERNING LAWS AND RULES COURSES  NT INCLUDED WITH THIS FORM?   |
|-----|---|------------------------------|--|---|---|
|     | □ Y                                     | ES [                         | ] NO   |   |   |
| 12. |   |                              | DIVIDUALS CERTIFY THAT THI<br>CLUDED IN THIS APPLICATIO      |   | BLIC NOTICE STATEMENT" REGARDING .  |
|     | ☐ I/WE H                                | AVE NOT BEEN                 | INVESTIGATED FOR EMPLO                                       | YEE MISCLASSIFICATION                             | I.  |
|     | <u> </u>                                |                              | ESTIGATED FOR EMPLOYEE I<br>HE BOARD WITHIN 30-DAYS.         |   | O WILL SUPPLY THE RESULTS OF THE  |
| 13. | •                                       |                              | QUALIFIED INDIVIDUAL TO BI<br>VIOLATIONS) DURING THE PA      |   | EN CONVICTED OF A <b>MISDEMEANOR</b>  |
|     | □ Y                                     | ES [                         | ] NO   |   |   |
|     | B) HAS THE APPLIC                       | ANT OR ANY O                 | QUALIFIED INDIVIDUAL TO B                                    | LISTED ON LICENSE EV                              | ER BEEN CONVICTED OF A <b>FELONY</b> ?  |
|     | □ Y                                     | ES [                         | □ NO   |   |   |
|     |   |                              | ERSE SIDE OF THIS FORM AN<br>REVIOUSLY SUBMITTED, <b>INI</b> |   | ALL COURT DOCUMENTS. IF COPIES OF AND DO NOT RESUBMIT.  |
|     | UNDER STATE LA                          | AW, AN APPLICA               |  | DE A REFERENCE TO, OR IN<br>THAT HAVE BEEN EXPUNC | NFORMATION CONCERNING, ANY ARREST,<br>GED.  |
| 14. | ARTICLE 4 OF THE GE<br>FOR THE IMPLEMEN | ENERAL STATU<br>TATION OF TH | TES OF NORTH CAROLINA, A                                     | IND BY THE RULES AND<br>ING OF MY/OUR ELECTR      | LAWS AS CONTAINED IN CHAPTER 87,<br>REGULATIONS ADOPTED BY THE BOARD<br>RICAL CONTRACTING BUSINESS. I/WE<br>ITHIN THIS APPLICATION. |
|     | APPLICANT SIGNA                         | TURE                         |  | TITLE   |   |
|     |   | (Com <sub>i</sub>            | pany Representative/Authorized Sig                           | natory)   |   |
| SE  | CTION 4: PAYME                          | NT INFORM                    | MATION   |   |   |
| P   | AYMENT METHOD:                          | CHECK / MO                   | MONEY ORDER NEY ORDER SHOULD BE MADE PAY.                    | CREDIT CAR  | RD  |
| C   | CREDIT CARD #                           |                              |  | E   | EXPIRATION DATE   |
| C   | CARD HOLDER NAME_                       |                              |  |   | SECURITY CODE   |
| E   | BILLING ADDRESS                         |                              |  | ET ADDRESS  |   |
|     |   |                              | STREI  | I ADUKESS   |   |

PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING

STATE



# **QUALIFIED INDIVIDUAL AFFIDAVIT**

TO BE COMPLETED BY THE APPLICANT AS THE QUALIFIED INDIVIDUAL APPLYING FOR LICENSURE

| l,   |  | , affirm that:  |  |  |  |
|--|--|---|--|--|--|
|  | (Full Name of Qualified Individual)                                      |   |  |  |  |
| 1.   | I am/will be, the Qualified Individual of                                | f in North  |  |  |  |
|  | Carolina.  | (Name of Company/Firm)  |  |  |  |
| 2. I currently hold and/or have held licenses in the following states: (List any states in which you have held a Electrical Contracting license. If none, list N/A.) |  |   |  |  |  |
| 3.   | I have been a licensed Electrical Contra                                 | ector for a total of years.   |  |  |  |
| 4.   | of North Carolina. I have taken  | to become licensed as an Electrical Contractor in the state and passed a qualifying examination the state of I certify that I meet the requirements for |  |  |  |
|  | (State) licensure in North Carolina.                                     |   |  |  |  |
| , voi en v   | Carolina and its agencies.  ———————————————————————————————————          | dual) (Date)  |  |  |  |
|  | ACKI   | NOWLEDGMENT   |  |  |  |
| State o  | of   |   |  |  |  |
|  | y that the following person personally ap signed the foregoing document: | opeared before me this day, acknowledging to me that he   |  |  |  |
|  |  | Name of principal   |  |  |  |
| Date: _  |  |   |  |  |  |
|  |  | Official Signature of Notary  |  |  |  |
|  | (Official Seal)  | , Notary Public Notary's printed or typed name  |  |  |  |
|  |  | My commission expires:  |  |  |  |



## **CHARACTER STATEMENT FORM**

THIS FORM REFERS TO THE APPLICANTS CHARACTER. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) INDIVIDUALS ATTESTING TO THE APPLICANT'S GOOD CHARACTER ARE REQUIRED. EXAMPLES OF ACCEPTABLE CHARACTER WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO-WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

| This is to certify that I have known       | for approximately years |                    |  |
|--|-------------------------|--------------------|--|
| that in my opinion, they are of good chara | acter.                  |                    |  |
| Signed this                                | day of                  | ,                  |  |
|  | WITNESS SIGNATU         | JRE:               |  |
|  | PRINTED NAME: _         |                    |  |
|  | TITLE:                  |                    |  |
|  | COMPANY:                |                    |  |
|  | ADDRESS:                | REET / P.O. BOX)   |  |
|  |                         | TY/STATE/ZIP CODE) |  |
|  | PHONE:(AREA COL         | DE)                |  |
|  | EMAIL:                  |                    |  |

|              | (BOARD USE ONLY) |  |
|--------------|------------------|--|
| APPROVED BY: | DATE:            |  |



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| This is to certify that I have known       | for approximately years |                    |  |
|--|-------------------------|--------------------|--|
| that in my opinion, they are of good chara | acter.                  |                    |  |
| Signed this                                | day of                  | ,                  |  |
|  | WITNESS SIGNATU         | JRE:               |  |
|  | PRINTED NAME: _         |                    |  |
|  | TITLE:                  |                    |  |
|  | COMPANY:                |                    |  |
|  | ADDRESS:                | REET / P.O. BOX)   |  |
|  |                         | TY/STATE/ZIP CODE) |  |
|  | PHONE:(AREA COL         | DE)                |  |
|  | EMAIL:                  |                    |  |

|              | (BOARD USE ONLY) |  |
|--------------|------------------|--|
| APPROVED BY: | DATE:            |  |

#### **SUPERVISE & DIRECT STATEMENT FORM**

#### REQUIRED FOR THE UNLIMITED CLASSIFICATION ONLY.

THIS FORM REFERS TO THE APPLICANT'S SUPERVISORY ABILITIES. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) PERSONS WHO ARE KNOWLEDGABLE OF THE APPLICANT'S ABILITY TO SUPERIVSE AND DIRECT ALL ELECTRICAL WIRING AND ELECTRICAL INSTALLATION WORK DONE BY AN ELECTRICAL CONTRACTING BUSINESS ARE REQUIRED.

THIS FORM MAY ALSO BE USED FOR CHARACTER REFERENCE. EXAMPLES OF ACCEPTABLE WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO- WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

| This is to certify that I have known  | for approximately years; that I am |  |  |  |  |  |
|---|------------------------------------|--|--|--|--|--|
| knowledgeable of their electrical experience; and that in my opinion they have the ability to satisfactorily supervise and direct all |                                    |  |  |  |  |  |
| electrical wiring and electrical installation work performed by an electrical contracting business in the Unlimited classification.   |                                    |  |  |  |  |  |
|   |                                    |  |  |  |  |  |
| Please check one of the following that best describes your opinion of the applicant's character:                                      |                                    |  |  |  |  |  |
| GOOD  | □ NOT GOOD □ NO OPINION            |  |  |  |  |  |
| Signed this   | day of                             |  |  |  |  |  |
|   | WITHEOU CLONATURE                  |  |  |  |  |  |
|   | WITNESS SIGNATURE:                 |  |  |  |  |  |
| PRINTED NAME:   |                                    |  |  |  |  |  |
|   | TITLE:                             |  |  |  |  |  |
|   | COMPANY:                           |  |  |  |  |  |
|   | ADDRESS:(STREET / P.O. BOX)        |  |  |  |  |  |
|   | (CITY/STATE/ZIP CODE)              |  |  |  |  |  |
| PHONE:  |                                    |  |  |  |  |  |
| EMAIL:  |                                    |  |  |  |  |  |
|   |                                    |  |  |  |  |  |
|   | (BOARD USE ONLY)                   |  |  |  |  |  |
| APPF  | ROVED BY: DATE:                    |  |  |  |  |  |

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| This is to certify that I have known  | for approximately years; that I am |  |  |  |  |  |
|---|------------------------------------|--|--|--|--|--|
| knowledgeable of their electrical experience; and that in my opinion they have the ability to satisfactorily supervise and direct all |                                    |  |  |  |  |  |
| electrical wiring and electrical installation work performed by an electrical contracting business in the Unlimited classification.   |                                    |  |  |  |  |  |
|   |                                    |  |  |  |  |  |
| Please check one of the following that best describes your opinion of the applicant's character:                                      |                                    |  |  |  |  |  |
| GOOD  | □ NOT GOOD □ NO OPINION            |  |  |  |  |  |
| Signed this   | day of                             |  |  |  |  |  |
|   | WITHEOU CLONATURE                  |  |  |  |  |  |
|   | WITNESS SIGNATURE:                 |  |  |  |  |  |
| PRINTED NAME:   |                                    |  |  |  |  |  |
|   | TITLE:                             |  |  |  |  |  |
|   | COMPANY:                           |  |  |  |  |  |
|   | ADDRESS:(STREET / P.O. BOX)        |  |  |  |  |  |
|   | (CITY/STATE/ZIP CODE)              |  |  |  |  |  |
| PHONE:  |                                    |  |  |  |  |  |
| EMAIL:  |                                    |  |  |  |  |  |
|   |                                    |  |  |  |  |  |
|   | (BOARD USE ONLY)                   |  |  |  |  |  |
| APPF  | ROVED BY: DATE:                    |  |  |  |  |  |



#### **VERIFICATION OF LICENSURE FORM**

Applicant should complete Section 1: Applicant Information. Give this form to the state agency with which you passed a qualifying examination and hold an active license. The verifying agency should send the completed verification form back to you. Include the completed form with your license application. Be sure to make a copy of the completed form for your records.

| SECTION 1. APPLICANT INFORMATION                    |  |
|---|--|
| Qualified Individual Name:                          | License #:   |
| Applicant Business Name:                            | <del></del>  |
| Mailing Address:                                    |  |
|   | City / State / Zip   |
| I authorize you to release to the State of North Co | Carolina all information pertaining to the above license number. |
| Applicant Signature                                 |  |
| SECTION 2. LICENSE INFORMATION (Must be             | ne completed by verifying state licensing agency official.)      |
| Business Name:                                      |  |
| Full Legal Name of Qualified Individual:            |  |
|   | First Middle Last  |
|   | Date Added to License:   |
| License Number:                                     | Current License Status:  |
| Original Date of License Issue:                     | Expiration Date:   |
| Continuously Licensed? Yes No                       | o If no, please explain:   |
| Classification of License Issued (code and descrip  | ption):  |
| ·   | , <del></del>  |
| Method of Licensure: Exam Type:                     | Score: Date:   |
| ☐ Endorsement/Rec                                   | ciprocity from the State of:                                     |
| _   | ate basis of waiver:   |
|   |  |
| Has the applicant/qualifier ever had any disciplin  |  |
| ☐ No ☐ Yes If "Yes", attac                          | ch copy of disciplinary action(s).                               |
| Name of Verifying Official:                         | Signature:   |
| Title:  | Date:  |
| State Agency  | (Official Seal)  |



# **North Carolina Laws, Rules and Business Practices Test**

All applicants are required to pass an examination on laws, rules and business practices applicable to Electrical Contracting in North Carolina. Applicants, who are applying for a license under an examination wavier/reciprocal agreement, must pass the attached test.

The following test is a twenty-five (25) question, open book examination to be completed by the qualifying party who has passed the technical examination as certified by the reciprocating state licensing board and as listed on the license application. The minimum passing grade is seventy (70) percent and each question is worth four (4) points. The qualifying party seeking licensure must complete this examination without assistance.

The examination questions are developed from the NASCLA Guide to Business, Law and Project Management: North Carolina Electrical Contractors' Edition book available at www.nascla.org and from the NC Board of Examiners of Electrical Contractors' Laws and Rules available online at www.ncbeec.org.

Return the completed examination and this acknowledgement sheet with your reciprocal license application documents. Upon a passing grade, an electrical contractors license will be issued, provided all other application requirements have been met. This examination cannot be reproduced or copied.

#### **ACKNOWLEDGEMENT**

I hereby certify that I completed the North Carolina laws, rules and business practices examination without any help or assistance and that no part of the examination was reproduced or copied. I understand that any misrepresentation or omission of facts may result in disqualification or denial of licensure.

| Signed the                             | hisday of                      | , 20                                    |
|--|--------------------------------|---|
| Signature of Qu                        | ualifying Individual           | Date Exam Completed                     |
| STATE OF                               | COUNTY OF                      |   |
| l certify that                         | personally appe                | eared before me this day, acknowledging |
| to me that he or she completed and si  | igned the foregoing document.  |   |
| Witness my hand and official seal this | day of                         | , 20                                    |
| (Official Seal)                        |                                |   |
|  | Official Signature of Notary   |   |
|  |                                | , Notary Public                         |
| My commission expires:                 | Notary 3 printed of typed hame |   |



# North Carolina Laws, Rules, and Business Practices Test

- 1. Which of the following statements about the North Carolina electrical contracting licensing law is/are correct?
  - I) All licensee's shall notify the Board within thirty (30) days of any change in contact information.
  - II) A "Qualified Individual" is an individual who is qualified in a specific license classification as a result of having taken and passed a qualifying examination for such classification.
    - A. I only
    - B. II only
    - C. Both I and II
    - D. Neither I nor II
- 2. A "single family residential dwelling" is a building or a manufactured home that is designed and used only for habitation by one family and is not physically attached to any other building or structure. Cabanas, porches, room additions, and ancillary structures are not considered part of a single-family dwelling.
  - A. True
- B. False
- 3. Which of the following elements is not needed to form a binding contract?
  - A. Offer
  - B. Acceptance
  - C. Consideration
  - D. Written document
- 4. As an electrical contractor in the State of North Carolina, if the company is an LLC or a Corporation, you must register the company with the NC Secretary of State with the exact company name that you have on file with the NC Board of Electrical Contractors.
  - A. True
- B. False
- 5. A Statement of Bonding Ability is required for which classifications of electrical contracting license in the state of North Carolina?
  - A. Unlimited
  - B. Intermediate
  - C. Limited
  - D. Both A and B
- 6. What are the project value and voltage restrictions for a Limited electrical license in North Carolina?
  - A. \$150,000 / 600 volts
  - B. \$60,000 / 480 volts
  - C. \$150,000 / 240 volts
  - D. \$60,000 / 600 volts
- 7. What agency would you contact for a formal interpretation of the electrical code?
  - A. NC Board of Electrical Contractors
  - B. NC Department of Insurance Office of State Fire Marshal (OSFM)
  - C. NC Secretary of State
  - D. Local authority having jurisdiction

- 8. Which of the following is exempt from the North Carolina Electrical Contracting Licensing Law?
  - A. Servicing cord-connected type appliances
  - B. Residential electrical projects having a value under \$25,000
  - C. Electrical projects engaged in by a non-resident electrical contractor
  - D. Wiring beyond the point of delivery of electric service to the customer
- 9. What is the purpose of a Bond?
  - A. Provides extra money in case there are change orders on the job.
  - B. It is a type of construction contract.
  - C. Provides protection in the event that contractual obligations are not met.
  - D. Provides additional insurance to employees on a jobsite.
- 10. Which type of bond will ensure that you will honor the bid price you submitted on bid day?
  - A. Bid Bond
  - B. Performance
  - C. Contract Bond
  - D. Payment Bond
- 11. Which one of the following items would not be considered project overhead?
  - A. Permit Fees
  - B. Tool Rental
  - C. Company Insurance
  - D. Storage Trailer Rental
- 12. Which method of job estimating is the most accurate?
  - A. Top-down Method
  - B. Unit Price Method
  - C. Square Foot Method
  - D. Detailed Survey Method
- 13. Which one of the following representatives of an electrical contracting firm has the duty and authority to supervise and direct all electrical wiring or electrical work performed by that firm?
  - A. The firm's owner
  - B. The firm's authorized representative
  - C. The firm's listed qualified individual
  - D. All of the above
- 14. Which one of the following types of electrical installations can be performed without an electrical permit?
  - A. Wiring a room addition
  - B. Repairing a cord and plug appliance
  - C. Wiring a central air conditioning unit
  - D. Upgrading an electrical service from 100 amps to 200 amp

- 15. Which of the following statements about the North Carolina Electrical Contracting Licensing Law is/are correct?
  - I) A Qualified Individual's License shall expire on December 30 following the date of issuance.
  - II) A Listed Qualified Individual must be regularly on active duty to supervise and direct work performed under the license on which the qualified individual is listed on.
    - A. I only
    - B. II only
    - C. Both I and II
    - D. Neither I nor II
- 16. Which one of the following business types allows a creditor to seize your personal property to satisfy an unpaid debt?
  - A. Limited Liability Company
  - B. Corporation
  - C. Sole Proprietorship
  - D. All of the above
- 17. Which one of the following types of insurance protects you, as a business owner, when one of your employees damages a computer when plugging it into a receptacle that the employee wired?
  - A. Property Insurance
  - B. Automobile Insurance
  - C. Workers' Compensation Insurance
  - D. Comprehensive General Liability Insurance
- 18. What is the maximum number of employees that you can have and still be exempt from reporting a work-related accident on the OSHA 300 Log?
  - A. 10 employees
  - B. 12 employees
  - C. 24 employees
  - D. 50 employees
- 19. What is the minimum number of years that the OSHA 200 forms must be retained by the employer?
  - A. 2 years
  - B. 3 years
  - C. 5 years
  - D. 10 years
- 20. When an OSHA inspector issues a citation and assesses a penalty due to an employee committing a safety violation, who is responsible for paying the penalty?
  - A. The employer
  - B. The customer
  - C. The employee
  - D. The insurance company
- 21. The Fair Labor Standards Act governs the payment of overtime to all "non-exempt" employees. Which one of the following types of employees would be exempt from overtime pay?
  - A. Electrician
  - B. Job Foreman
  - C. Office Manager
  - D. Warehouse Personnel

- 22. The value of a single-family detached residential dwelling electrical contracting project is \$46,500. Which of the following statements is/are correct?
  - I) An electrical contractor holding an active limited license shall be permitted to engage in this project.
  - II) An electrical contractor holding an active intermediate license shall be permitted to engage in this project.
    - A. I only
    - B. II only
    - C. Both I and II
    - D. Neither I nor II
- 23. Which of the following statements about the North Carolina electrical contracting licensing law is/are correct?
  - I) An owner of property which is not for rent, lease, or sale, can perform electrical work upon such property without a license.
  - II) The licensee shall report in writing to the Board within thirty (30) days any additions to or loss of the employment of listed qualified individuals.
    - A. I only
    - B. II only
    - C. Both I and II
    - D. Neither I nor II
- 24. Which of the following statements about the North Carolina electrical contracting licensing law is/are correct?
  - I) A separate license certificate shall not be required for a separate place of business in the case where an electrical contracting firm is conducting its business from more than one place.
  - II) Electrical work done by a bona fide employee of a licensee shall be performed under the supervision and direction of a listed qualified individual who is the employing licensee or under the supervision and direction of a listed qualified individual regularly employed by the employing licensee.
    - A. I only
    - B. II only
    - C. Both I and II
    - D. Neither I nor II
- 25. Which of the statements about the North Carolina electrical contracting licensing law is/are correct?
  - I) If an electrical contracting project is subdivided into two or more contracts, an electrical contractor cannot perform all of the contracts unless his license classification allows him to engage in a project of the total value of all of the contracts.
  - II) In determining the value of an electrical contracting project, the total known or reasonable estimated costs of all electrical wiring materials, equipment, fixtures, devices, and installation must be included in arriving at this value, regardless of who furnishes all or part of same, and regardless of the form or type of contract or subcontract involved.
    - A. I only
    - B. II only
    - C. Both I and II
    - D. Neither I nor II

#### INTERMEDIATE 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 the applicant's insurance agent or bonding company official.

|               | DATE:  |                        |
|---------------|--|------------------------|
| 1.            | IDENTIFICATION OF LICENSE APPLICANT: EXACT NAME IN WHICH NORTH CAROLINA ELECTRICAL CONTRACTING LICENSE IS ISSUED (MUST BE EXACT NAME IN WHICH COMPANY WILL BE CONDUCTING BUSINESS OF ELECTRICAL CONTRACTING IN NO CAROLINA):   |                        |
|               | MAILING ADDRESS: STREET/P.O. BOX   |                        |
|               | CITYSTATEZIP   |                        |
| 2.            | PLEASE LIST BY AMOUNT ONLY THE THREE LARGEST JOBS FOR WHICH YOUR COMPANY HAS BONDED THIS APPLICANT: (a) (c) (c)  |                        |
| 3.            | IS YOUR BONDING RELATIONSHIP WITH THIS APPLICANT SATISFACTORY AT THE PRESENT TIME: YES NO IF <b>NO</b> , 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 <b>INTERMEDIATE</b> LICENSE IS REQUIRED TO PROVIDE SATISFACTORY VERIFICATION OF ITS/HIS ABILITY FURNISH <b>PERFORMANCE</b> BONDS FOR ELECTRICAL CONTRACTING PROJECTS HAVING A VALUE <b>IN EXCESS OF \$60,000.00</b> . SU TO YOUR NORMALLY EXPECTED INDIVIDUAL JOB UNDERWRITING PROCEDURES AND YOUR RIGHT NOT TO EXCEED APPLICANT'S LINE OF BONDING CREDIT, DOES YOUR COMPANY FEEL THAT THIS APPLICANT WOULD BE ELIGIBLE ON THIS DATE A BOND <b>IN EXCESS OF \$60,000.00</b> ? (NOTE: THIS IS STRICTLY A BONDING ABILITY STATEMENT AS OF THE DATE SHOWN ABOVE IN NO WAY COMMITS YOUR COMPANY TO THE ISSUANCE OF A BOND OF ANY TYPE TO THIS APPLICANT.) | BJECT<br>THIS<br>E FOR |
| 6.            | IS YOUR COMPANY DULY LICENSED TO TRANSACT BUSINESS IN THE STATE OF NORTH CAROLINA AND IN GOOD STANDING WITH NORTH CAROLINA DEPARTMENT OF INSURANCE? YES NO   | THE                    |
| REPRE<br>POWE | STATEMENT MUST BE SIGNED UNDER THE NAME OF THE BONDING COMPANY AND MUST BE SIGNED BY EITHER A COMESENTATIVE OR BY A DULY LICENSED AGENT OF THE COMPANY, AND THE COMPANY REPRESENTATIVE OR THE AGENT MUST AT ER OF ATTORNEY AUTHORIZING HIM/HER TO SIGN FOR THE BONDING COMPANY, DATED THE SAME DATE AS SHOWN AT THE TOSTATEMENT OF BONDING ABILITY.  | TACH                   |
| NAME          | OF BONDING COMPANY:  |                        |
| BOND          | DING COMPANY OFFICIAL: (SEAL)  |                        |
| BOND          | AGENT/ATTORNEY IN FACT:  |                        |
| BOND          | OING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED:  |                        |
| NAME          | OF INSURANCE AGENCY:   |                        |
| ∆DDR!         |  |                        |

#### **UNLIMITED 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 the 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 COMPANY 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) (c)  |
| 3.     | IS YOUR BONDING RELATIONSHIP WITH THIS APPLICANT SATISFACTORY AT THE PRESENT TIME: YES NO IF <b>NO</b> , 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 <b>UNLIMITED</b> LICENSE IS REQUIRED TO PROVIDE SATISFACTORY VERIFICATION OF ITS/HIS ABILITY TO FURNISH <b>PERFORMANCE</b> BONDS FOR ELECTRICAL CONTRACTING PROJECTS HAVING A VALUE <b>IN EXCESS OF \$150,000.00</b> . 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 <b>IN EXCESS OF \$150,000.00</b> ? (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.) |
| 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   |
| REPRE: | TATEMENT MUST BE SIGNED UNDER THE NAME OF THE BONDING COMPANY AND MUST BE SIGNED BY EITHER A COMPANY SENTATIVE OR BY A DULY LICENSED AGENT OF THE COMPANY, AND THE COMPANY REPRESENTATIVE OR THE AGENT MUST <b>ATTACH R OF ATTORNEY</b> AUTHORIZING HIM/HER TO SIGN FOR THE BONDING COMPANY, <b>DATED THE SAME DATE AS SHOWN AT THE TOP OF TATEMENT OF BONDING ABILITY.</b>  |
| NAME   | OF BONDING COMPANY:  |
| BONDI  | NG COMPANY OFFICIAL:(SEAL)   |
| BOND   | AGENT/ATTORNEY IN FACT:  |
| BONDI  | NG COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED:  |
| NAME   | OF INSURANCE AGENCY:   |
| ADDRE  | SS:  |

Mike Causey, Commissioner of Insurance Charlton L. Allen. Chairman Yolanda K. Stith, Vice-Chairman



Philip A. Baddour, III, Commissioner Linda Cheatham, Commissioner Christopher C. Loutit, Commissioner Tammy R. Nance, Commissioner

# North Carolina Industrial Commission

Public Notice Statement required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31,2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-l(b)(lO)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section North Carolina Industrial Commission 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582

Fax: (919)715-0282

Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]



#### NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

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

# **NOTICE: Continuing Education Requirement**

Effective 01/01/2025

If you're a newly listed qualified individual, meaning <u>you're being added to a license for the first time after 01/01/2025</u>, you must complete a free 4-hour Laws and Rules class conducted by the Board within 12 months. All class dates are listed on the Board website at <u>www.ncbeec.org/laws-rules/classes</u>. See full excerpt of Board rule below.

#### **SECTION .1100 - CONTINUING EDUCATION**

# 21 NCAC 18B .1101 CONTINUING EDUCATION REQUIREMENTS: LISTED QUALIFIED INDIVIDUALS

Upon becoming a qualified individual, as defined in G.S. 87-41.1, all qualifiers shall complete a free, four-hour Laws and Rules Course conducted by Board staff within 12 months after becoming a qualified individual or 90 days prior to becoming a qualified individual. Completion of the Laws and Rules Course pursuant to this requirement, shall satisfy 4 of the required contact hours of continuing education for the initial renewal of the individual's qualification.