

APPLICATION FOR LICENSE BY RECIPROCITY

IMPORTANT-READ CAREFULLY

1. Submit a completed application to the Board on the forms provided by the Board for the license classification involved including the applicable license fee listed on the application
2. Each qualified individual listed on the application must have taken and passed a qualifying examination with one of these approved states: Alabama, Florida, Georgia, Louisiana, Mississippi, Ohio, South Carolina, Texas, West Virginia (**License/Exam Verification form must be completed by reciprocal state licensing agency**)
3. Verification of license and examination from the approved licensing board. *Copies of licenses and/or examination scores will not be accepted.*
4. **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) 814-5400**.
5. **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).
6. **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).

.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.

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), 96-1(b)(10)(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)]*



APPLICATION FOR LICENSE BY RECIPROCITY
NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

MAIL TO: NCBEEC, 3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609 TELEPHONE: 919-733-9042 FAX: 800-691-8399

RECIPROCAL AGREEMENT: PLEASE INDICATE THE STATE FROM WHICH YOU ARE RECIPROCATING

AL FL GA LA MS OH SC TX WV

SECTION 1: BUSINESS INFORMATION

1. CLASSIFICATION OF LICENSE DESIRED (CHECK CLASSIFICATION): LICENSE FEE MUST BE SUBMITTED WITH APPLICATION

- | | | | |
|---------------------------------------|-----------------|-----------------------------------|-----------------|
| <input type="checkbox"/> LIMITED | \$85.00 | <input type="checkbox"/> SP-FA/LV | \$85.00* |
| <input type="checkbox"/> INTERMEDIATE | \$130.00 | *GA & MS ONLY | |
| <input type="checkbox"/> UNLIMITED | \$180.00 | | |

2. BUSINESS/FIRM NAME: _____
EXACT NAME IN WHICH ELECTRICAL CONTRACTING BUSINESS WILL BE CONDUCTED IN NORTH CAROLINA

3. PHYSICAL ADDRESS _____
P.O.BOX NOT ACCEPTABLE NUMBER AND STREET

CITY STATE ZIP

4. MAILING ADDRESS _____
IF DIFFERENT

CITY STATE ZIP

5. DAYTIME PHONE (INCLUDING AREA CODE): _____

6. CELL PHONE (INCLUDING AREA CODE): _____

7. EMAIL ADDRESS: _____

8. INDICATE THE NATURE OF YOUR BUSINESS **AND** LIST NAME AND TITLE OF OWNER(S), PARTNERS, OFFICERS OR MEMBERS BELOW:

- SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY

9. HOW DO YOU PLAN TO CONDUCT AN ELECTRICAL CONTRACTING BUSINESS? FULL-TIME PART-TIME

SECTION 2: QUALIFIED INDIVIDUAL INFORMATION

10. NAME, SIGNATURE, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH QUALIFIED INDIVIDUAL TO BE ADDED TO LICENSE:

FULL NAME	SIGNATURE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(IF MORE SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET)

SECTION 3: EMPLOYEE CLASSIFICATION INFORMATION

11. I CERTIFY THAT I HAVE READ THE **PUBLIC NOTICE STATEMENT** INCLUDED WITH MY APPLICATION AND THAT I UNDERSTAND IT.

- I HAVE NOT BEEN INVESTIGATED FOR EMPLOYEE MISCLASSIFICATION.
- I HAVE BEEN INVESTIGATED FOR EMPLOYEE MISCLASSIFICATION AND WILL SUPPLY THE RESULTS OF THE INVESTIGATION TO THE BOARD WITHIN 30 DAYS.

SECTION 4: LEGAL INFORMATION

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

12. 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

13. 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.

14. I/WE UNDERSTAND AND AGREE TO BE GOVERNED BY THE ELECTRICAL CONTRACTING LAWS AS CONTAINED IN CHAPTER 87, ARTICLE 4, OF THE GENERAL STATUTES OF NORTH CAROLINA, AND BY THE RULES AND REGULATIONS ADOPTED BY THE BOARD FOR THE IMPLEMENTATION OF THESE LAWS IN THE CONDUCTING OF MY/OUR ELECTRICAL CONTRACTING BUSINESS. **I/WE AUTHORIZE THE BOARD TO RESEARCH AND VERIFY THE INFORMATION SUBMITTED CONCERNING THIS APPLICATION.**

SIGNATURE OF APPLICANT _____
(Owner, Partner, Officer, or Member)

TITLE _____

15. **METHOD OF PAYMENT:** CHECK MONEY ORDER CREDIT CARD

CARD # _____ EXP. DATE _____

SECURITY CODE _____

NAME ON CARD _____

BILLING ADDRESS _____

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

LICENSE # _____ NASCLA SCREENED _____ APPROVED BY _____

EFFECTIVE DATE _____ B# _____

LICENSE/EXAM VERIFICATION

COMPLETE SECTION 1 AND SEND THE FORM TO YOUR LICENSING BOARD FOR COMPLETION OF SECTIONS 2 AND 3

SECTION 1. LICENSE INFORMATION

EXACT NAME AND ADDRESS IN WHICH CURRENT ELECTRICAL CONTRACTING LICENSE IS ISSUED:

LICENSE ISSUED TO: _____

BUSINESS NAME AS LISTED ON LICENSE: _____

LICENSE NUMBER: _____ CLASSIFICATION(S): _____

ORIGINAL LICENSE ISSUED DATE: _____ CURRENT LICENSE EXPIRATION DATE: _____

SECTION 2. QUALIFICATION INFORMATION (TO BE COMPLETED BY LICENSING BOARD OFFICIAL)

EXACT NAME AND SOCIAL SECURITY NUMBER OF EACH PERSON WHO HAS INDIVIDUALLY QUALIFIED FOR LICENSE BY HAVING TAKEN AND PASSED THE NORMALLY REQUIRED STATE QUALIFYING EXAMINATION TOGETHER WITH THE DATE EACH SUCH PERSON PASSED SAID EXAMINATION:

Table with 3 columns: NAME, SOCIAL SECURITY NUMBER, DATE QUALIFIED BY EXAMINATION. Includes three rows of blank lines for data entry.

WAS THIS LICENSE ISSUED RECIPROCITY/ENDORSEMENT? YES _____ NO _____

IF YES, WHAT STATE? _____

SECTION 3. DISCIPLINARY ACTION (TO BE COMPLETED BY LICENSING BOARD OFFICIAL)

HAS THIS LICENSEE EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST HIS/HER LICENSE? YES _____ NO _____

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION:

- 1. DATE OF DISCIPLINE: _____
2. DISCIPLINARY ACTIONS: _____
3. TERMS OF DISCIPLINARY ACTION BEEN SATISFIED: YES _____ NO _____

SIGNATURE _____ TITLE _____ DATE _____

BOARD SEAL

AFFIDAVIT

I, _____, state on oath and affirm that:
(Qualified Agent)

1. I am the qualified agent of _____.
(Name of Firm)

The firm is currently a licensed electrical contractor under the laws of _____.
(State)

The firm has been a licensed electrical contractor for _____.
(Number of Years)

2. The firm is seeking to be licensed as an electrical contractor in the State of North Carolina under a reciprocal agreement with Alabama, Florida, Georgia, Mississippi, Ohio, South Carolina, Texas, or West Virginia. I certify that I meet all requirements of the reciprocal agreement.

3. Although I am not required to pass a Business and Law Examination before becoming licensed in North Carolina, I recognize that I am not exempt from the laws of the State. By executing this affidavit, I and the firm agree to comply with all laws and regulations of the State of North Carolina and its agencies.

State of _____

County of _____

Sworn before me this _____ day of _____, _____

Signature of Qualified Agent

Notary Public

Notary Commission expires _____

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 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: _____

BONDING COMPANY OFFICIAL: _____ (SEAL)

BOND AGENT/ATTORNEY IN FACT: _____

BONDING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED: _____

NAME OF INSURANCE AGENCY: _____

ADDRESS: _____

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 applicant's insurance agent or bonding company official.

DATE: _____

7. 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 _____

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

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

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

IF **NO**, PLEASE EXPLAIN:

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

- (d) INDEPENDENT ACCOUNTANT'S CERTIFIED STATEMENT
(e) INDEPENDENT ACCOUNTANT'S UNAUDITED STATEMENT
(f) STATEMENT PREPARED BY ACCOUNTANT

11. 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

12. 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: _____

BONDING COMPANY OFFICIAL: _____ (SEAL)

BOND AGENT/ATTORNEY IN FACT: _____

BONDING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED: _____

NAME OF INSURANCE AGENCY: _____

ADDRESS: _____

CHARACTER FORM

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S GOOD CHARACTER, AND RETURN IT WITH YOUR LICENSE APPLICATION.

NOTE: The qualified agent is not permitted to attest to his own good character.

This is to certify that I have known _____ for approximately _____ years and that in my opinion he is of good character.

This _____ day of _____, _____.

SIGNED BY: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS: _____

PHONE (INCLUDING AREA CODE): _____

CHARACTER FORM

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S GOOD CHARACTER, AND RETURN IT WITH YOUR LICENSE APPLICATION.

NOTE: The qualified agent is not permitted to attest to his own good character.

This is to certify that I have known _____ for approximately _____ years and that in my opinion he is of good character.

This _____ day of _____, _____.

SIGNED BY: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS: _____

PHONE (INCLUDING AREA CODE): _____

SUPERVISE AND DIRECT FORM

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S ABILITY.

NOTE: The qualified agent is not permitted to attest to his own ability

This is to certify that I have known _____ for approximately _____ years; that I am knowledgeable of his electrical experience; and that in my opinion he does have the ability to satisfactorily **supervise and direct** all electrical wiring or electrical installation work done by an electrical contracting business in the **UNLIMITED** classification.

This _____ day of _____, _____.

SIGNED BY: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS: _____

PHONE (INCLUDING AREA CODE): _____

SUPERVISE AND DIRECT FORM

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S ABILITY.

NOTE: The qualified agent is not permitted to attest to his own ability

This is to certify that I have known _____ for approximately _____ years; that I am knowledgeable of his electrical experience; and that in my opinion he does have the ability to satisfactorily **supervise and direct** all electrical wiring or electrical installation work done by an electrical contracting business in the **UNLIMITED** classification.

This _____ day of _____, _____.

SIGNED BY: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS: _____

PHONE (INCLUDING AREA CODE): _____