

ENDORSEMENT FOR MILITARY PERSONNEL/MILITARY SPOUSES

IMPORTANT-READ CAREFULLY

1. Age of qualifying individual must be at least eighteen (18) years as certified by date of birth shown on front side of application.
2. Written statements from two responsible persons attesting to each qualifying individual's good character (FORMS ENCLOSED).
3. Written verification of minimum required electrical experience, as defined in Rule .0202, for specific license classification as described in Rule .0201 (b);
4. Written verification that applicant has engaged in an occupation of primary electrical experience as defined in Rule .0202 for at least two of the five years preceding the date application is filed with the Board;
5. Written verification that applicant has been awarded a military occupational specialty for land based electrical installations similar or equivalent to work performed by an electrical contractor and passed a military written or computer-based examination that is determined by the Board to be equal to the examination of holders of similar licenses issued by the Board;
6. **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**.
7. **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).
8. **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;

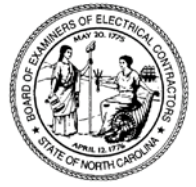
Eff. October 1, 1988;

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.

ENDORSEMENT FOR MILITARY PERSONNEL/MILITARY SPOUSES



STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609

TELEPHONE: 919-733-9042

FAX: 800-691-8399

SECTION 1: BUSINESS INFORMATION

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

- Checkboxes for LIMITED (\$85.00), INTERMEDIATE (\$130.00), UNLIMITED (\$180.00), and SP-FA/LV (\$85.00).

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:

- Checkboxes for 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 AND SOCIAL SECURITY NUMBER OF EACH QUALIFIED INDIVIDUAL TO BE ADDED TO LICENSE:

FULL NAME SIGNATURE SOCIAL SECURITY NUMBER

Blank lines for entering individual information.

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

LICENSE # NASCLA SCREENED APPROVED BY

EFFECTIVE DATE B#

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 _____

**PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING
A LICENSE CERTIFICATE WILL BE PRINTED AND MAILED AFTER
YOUR APPLICATION HAS BEEN APPROVED**

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: _____

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 \$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

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: _____

CHARACTER FORM
(1 OF 2)

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
(2 OF 2)**

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
(1 OF 2)**

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
(2 OF 2)**

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): _____