



LICENSE RENEWAL APPLICATION

STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609 TELEPHONE: (919) 733-9042 FAX: (800) 691-8399

• Review all printed information for accuracy • Strike through & update printed information as needed • Complete all questions

1. Business name and location address:

License Number:
License Expiration:
License Fee:
Business Phone:
Cell Phone:
Fax:
Email:

2. Do you conduct an electrical contracting business? No Yes → FULL-TIME PART-TIME

3. Check applicable blank to indicate the nature of your business and give name of owner (if sole proprietorship), names of partners (if a partnership), names and titles of officers (if a corporation), or names of members (if a limited liability company):

Sole Proprietorship Partnership Corporation Limited Liability Company

4. I certify that I have read the **Public Notice Statement** included with my application and that I understand it.

I have not been investigated.

I have been investigated for employee misclassification and will supply the results of the investigation to the Board within 30 days.

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

6. 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.

7. I 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 adopted by the Board for the implementation of these laws. I authorized the Board to research and verify the information submitted concerning this application.

Signature of Owner, Partner or Corporate Officer

Title

DATE APPROVED _____ BY _____ FEE RECEIVED: \$ _____ BATCH NUMBER _____ **Form 106**



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8. If a qualified individual is not preprinted below, please provide name, social security number, and signature of each additional qualified individual on the back of this application.

NAME

SIGNATURE

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

Card # _____ Exp. Date _____ Security Code _____

Name on Card _____ Billing Address _____

IN ACCORDANCE WITH G.S. 87-44, A LATE RENEWAL FEE OF \$25.00 WILL BE CHARGED ON APPLICATIONS RECEIVED AFTER EXPIRATION DATE.

DATE APPROVED _____ BY _____ FEE RECEIVED: \$ _____ BATCH NUMBER _____ **Form 106**