



## NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

3101 Industrial Drive, Suite 206, Raleigh, NC 27609 • Phone (919) 733-9042

Fax (800) 691-8399 • www.ncbeec.org

# LICENSE REACTIVATION APPLICATION CHECKLIST

Use the following check list to complete your application. **Ensure all applicable documents listed are submitted with your license application.**

- Employer Statement** (form enclosed) verifying that, during the immediate past 12-months, you have been actively and lawfully engaged (at least 500 hours) in an occupation which, in the judgement of the Board, is similar or equivalent to that of an electrical contractor **AND** meet the continuing education requirements set forth in 21 NCAC 18B .1101.
  
- INTERMEDIATE AND UNLIMITED LICENSE CLASSIFICATIONS ONLY:**  
Completed Statement of Bonding Ability (form enclosed) with proper Power of Attorney attached OR a letter from your financial institution written on bank letterhead and signed by a bank official which contains the following statement:  
*This will serve to advise you that \_\_\_\_\_  
(name of individual/firm) has been approved for a \$\_\_\_\_\_ (amount  
dependent upon license classification) line of credit with our bank which  
may be utilized at any time.*
  
- Character Statements** (forms enclosed) from at least two responsible persons who are knowledgeable of the experience of the applicant, attesting to the applicants' ability to satisfactorily supervise and direct all electrical installation work done by an electrical contracting business in the Unlimited classification.
  
- IF FIRM IS A CORPORATION OR LIMITED LIABILITY COMPANY:**  
Verification of active business registration with the North Carolina Secretary of State.
  
- License Fee** payment (listed on application).

# APPLICATION TO REACTIVATE

## IMPORTANT-READ CAREFULLY

### REQUIREMENTS FOR EACH CLASSIFICATION

1. Submit a completed application to the Board on a form provided by the Board for the license classification involved;
2. Submit the annual license fee;
3. Furnish the name, signature and social security number of at least one person to serve as the listed qualified individual for the applicant's license.
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).

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### TITLE 21, CHAPTER 18B, NORTH CAROLINA ADMINISTRATIVE CODE:

#### **.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.*

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### **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.

APPLICATION TO REACTIVATE NORTH CAROLINA ELECTRICAL CONTRACTING LICENSE



STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609
TELEPHONE: 919-733-9042 FAX: 800-691-8399

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SECTION 1: BUSINESS INFORMATION

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

- UNLIMITED \$205.00 FEE INTERMEDIATE \$155.00 FEE LIMITED \$110.00 FEE SP-SFD \$110.00 FEE
SP-FA/LV \$110.00 FEE SP-PH \$110.00 FEE SP-EL \$110.00 FEE
SP-ES \$110.00 FEE SP-WP \$110.00 FEE SP-SP \$110.00 FEE

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 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.

**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# \_\_\_\_\_

**VERIFICATION OF EMPLOYMENT**

This is to certify that \_\_\_\_\_ was employed by our firm for \_\_\_\_\_ hours during the immediate past twelve months in the capacity of (**state whether** journeyman electrician, electrical foreman, electrical superintendent):

\_\_\_\_\_  
\*\* SIGNED: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_  
FIRM ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ / \_\_\_\_\_

(NOTE: PERSON WHO SIGNS ABOVE VERIFICATION OF EMPLOYMENT MUST APPEAR BEFORE A NOTARY PUBLIC. THE NOTARY PUBLIC WILL COMPLETE THE FOLLOWING CERTIFICATE.)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, a Notary Public of the County and State aforesaid, certify that (**enter name of person signing above verification of employment**) \_\_\_\_\_ personally appeared before me this day and signed the foregoing document.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires:  
\_\_\_\_\_

**\*\*AN INDIVIDUAL IS NOT ALLOWED TO VERIFY HIS/HER OWN EMPLOYMENT\*\***

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](mailto: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)]