



**NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS**

3101 Industrial Drive, Suite 206, Raleigh, NC 27609 Phone (919) 733-9042  
Fax (800) 691-8399 Web www.ncbeec.org

**APPLICATION FOR EXAMINATION REVIEW**

*Completed applications may be mailed, faxed, or emailed to mames@ncbeec.org.*

**\$25.00 EXAMINATION REVIEW FEE**

Applicants may review their failed examinations. The Board provides a classroom review with an opportunity to ask questions and receive assistance towards making your next examination a successful experience. Review sessions are scheduled every three months and are held at the Board office. You are encouraged to review your failed examination BEFORE taking another examination. You will be able to review your failed examination once.

**NOTE:** We will send you a copy of your receipt once your review form has been processed. Your receipt will serve as confirmation that you are registered for the next exam review; you will not receive anything further from the Board at that time. We will contact you with the details of your registered exam review approximately 30-days before the next scheduled review session.

**CONTACT INFORMATION**

Full Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City / State / Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EXAMINATION INFORMATION**

Exam Date: \_\_\_\_\_

Exam to be Reviewed: *(check applicable classification)*

- Limited       Intermediate       Unlimited       SP-FA/LV       SP-SFD
- SP-PH       SP-EL       SP-SP       SP-ES       SP-WP

**PAYMENT INFORMATION**

Method of Payment:     CHECK                     MONEY ORDER             CREDIT CARD

CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

*Please make checks payable to: State Board of Examiners of Electrical Contractors.*

**PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING**

**A COPY OF YOUR RECEIPT WILL BE SENT TO YOU AS CONFIRMATION OF YOUR REGISTRATION**

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

BY: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ B#: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_