LICENSE APPLICATION: MILITARY & MILITARY SPOUSES

IMPORTANT – READ CAREFULLY

Per G.S. 93B-15.1, the Board shall not charge a military applicant an initial application fee for a license. Once licensed, the required annual renewal application fee and continuing education credits will apply to the licensee.

ALL APPLICATIONS:
All license applicants, regardless of license classification, must include the following with their application:

1. A completed application to the Board on the forms provided for the license classification chosen, including the applicable license fee listed on the application.

2. **Corporations/Limited Liability Companies ONLY:** If you are a part of or plan to become a corporation or limited liability company (ex. Inc., LLC., etc.) you must register the business with the NC Secretary of State. The Board shall not issue a license for a corporation nor a limited liability company unless the corporation/company has obtained a certificate of authority from the North Carolina Secretary of State. For more information visit [www.sosnc.gov](http://www.sosnc.gov) or call (919) 814-5400.

3. **Military Trained Applicants:** Include official notarized U.S. Department of Defense Form 214 (DD-214) or similar substantiation, attesting to the applicant’s military occupational specialty certification and experience in the electrical field. You can obtain a copy of your DD-214 from the Department of Veterans Affairs at [www.va.gov](http://www.va.gov).

4. **Military Spouse Applicants:** Include official verification of your electrical licensure from the jurisdiction where the license/certification was originally obtained. Contact the issuing authority to request the verification. The issuing authority should complete and sign the verification.

5. **Unlimited (U) Classification Applications:** Include an Unlimited Statement of Bonding Ability for $130,001.00 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).

6. **Intermediate (I) Classification Applications:** Include an Intermediate Statement of Bonding Ability for $50,001.00 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).

SEE FOLLOWING PAGE FOR FURTHER DETAILS OF APPLICATION REQUIREMENTS
GENERAL STATUTE 93B-15.1: LICENSURE FOR MILITARY & MILITARY SPOUSES:

Per §93B-15.1, the Board shall issue a license to a military-trained applicant, or a military spouse, to allow the applicant to lawfully practice electrical contracting work in this State. Military applicants must meet all requirements below OR the applicant may take the examination offered by the Board.

In order to waive the Examination, military-trained applicants must satisfy the following conditions:

1. Presents official, notarized documentation, such as a U.S. Department of Defense Form 214 (DD-214), or similar substantiation, attesting to the applicant’s military occupational specialty certification and experience in the electrical field.

   Form DD-214, or similar, should specify ALL of the following at a level that is equivalent to or exceeds the requirements for licensure in this State:
   a. Completed a military program of training
   b. Completed testing or equivalent training and experience
   c. Performed in the occupational specialty

2. Has engaged in the active practice of the occupation for which the applicant is seeking a license for at least two of the five years preceding the date of the application;

3. Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State and has no pending complaints;

In order to waive the Examination, military spouse applicants must satisfy the following conditions:

1. Holds a current license or certification from another jurisdiction, and that jurisdiction’s requirements for licensure/certification are equivalent to or exceed the Board’s requirements for licensure in this State;

2. Can demonstrate competency in the occupation such as having completed continuing education units or having had recent experience for at least two of the five years preceding the date of the application;

3. Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State and is in good standing with no pending complaints;

For further details, or to view G.S.93B-15.1 in its entirety, visit www.ncbeec.org/GS93B.

LICENSE NAME REQUIREMENTS:
Pursuant to Rule .0402 of Title 21, Chapter 18B, of the North Carolina Administrative Code:

(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.

CRIMINAL BACKGROUND / HISTORY CHECKS:
Pursuant to Session Law 2019-91, all licensing boards must to include a reference to the appeal process in any orders denying licensure based on criminal convictions. The Board may conduct a formal criminal or disciplinary history check. Answering “yes” to any of these questions or having a conviction, disciplinary or adverse employment action is not automatically a basis for denial of licensure.

When an applicant has a criminal conviction, the Board will consider:

1. The level and seriousness of the crime.
2. The date of the crime.
3. The age of the person at the time of the crime.
4. The circumstances surrounding the commission of the crime, if known.
5. The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
6. The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
7. The completion of, or active participation in, rehabilitative drug or alcohol treatment.
9. The subsequent commission of a crime by the applicant.
10. Any affidavits or other written documents, including character references.

If Board staff is unable to approve an application, the applicant has the right to request to have that application heard by the members of the Board. Any such request should be submitted in writing to the Board’s Executive Director. The Board will conduct that hearing pursuant to the North Carolina Administrative Procedure Act and the Board’s own hearing rules. Board may refuse to grant or may condition a license if it finds any of the grounds for doing so under North Carolina Gen. Stat. § 90-85.38(a). To appeal the Board’s final decision, the applicant may seek review of the decision by filing a petition for judicial review in the Superior Court pursuant to Article 4 of the Administrative Procedure Act, North Carolina Gen. Stat. § 150B-43 et seq.
SECTION 1. BUSINESS INFORMATION

1. CLASSIFICATION OF LICENSE DESIRED (CHECK CLASSIFICATION):
   - [ ] LIMITED
   - [ ] INTERMEDIATE
   - [ ] UNLIMITED
   - [ ] SP-SFD
   - [ ] SP-FA/LV
   - [ ] SP-EL
   - [ ] SP-ES
   - [ ] SP-WP
   - [ ] SP-SP
   - [ ] SP-PH

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 FROM ABOVE) NUMBER AND STREET
   ____________________________________________________________
   CITY        STATE        ZIP

5. WORK PHONE: (_____)______________________________ MOBILE PHONE: (_____)______________________________

6. EMAIL ADDRESS: ____________________________________________

7. 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

   ____________________________________________________________
   NAME(S) AND TITLE(S)

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

SECTION 2. QUALIFIED INDIVIDUAL INFORMATION

9. 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
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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

   LICENSE #_________ NASCLA ______ APPROVED BY_________ EFFECTIVE DATE_________ B#_________
SECTION 3. EMPLOYEE CLASSIFICATION INFORMATION

10. I CERTIFY THAT I HAVE READ THE PUBLIC NOTICE STATEMENT REGARDING EMPLOYEE MISCLASSIFICATION INCLUDED WITH THIS 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 HAS BEEN EXPUNGED.

11. HAS THE OWNER, ANY PARTNER, ANY OFFICER, ANY MEMBER, OR ANY QUALIFIED INDIVIDUAL BEEN CONVICTED OF A MISDEMEANOR DURING THE PAST 3 YEARS? ☐ YES ☐ NO

12. 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.

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: ________________________________________________________________

TITLE: ________________________________________________________________________________

PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING

A LICENSE CERTIFICATE WILL BE PRINTED AND MAILED AFTER YOUR APPLICATION HAS BEEN APPROVED
EMPLOYER STATEMENT FORM (MILITARY APPLICANTS ONLY)

STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609

ALL MILITARY APPLICANTS MUST PROVE THEY HAVE BEEN ENGAGED IN ELECTRICAL WORK FOR AT LEAST TWO OF THE FIVE YEARS PROCEEDING THE DATE OF APPLICATION FOR A LICENSE PER G.S.93B-15.1. (NOTE: 1 YEAR = 2,000 HOURS)

ELECTRICAL EXPERIENCE SHOULD BE STATED ON THIS FORM. THIS FORM IS TO BE COMPLETED BY YOUR PRESENT OR PAST EMPLOYER. ONCE THIS DOCUMENT IS COMPLETED, SIGNED, AND NOTARIZED, IT MUST BE SUBMITTED WITH YOUR MILITARY APPLICATION FOR LICENSE.

TO EMPLOYER: EXPERIENCE AND CHARACTER VERIFICATION: In order to maintain the high standards of the electrical contracting trade, it is imperative that extreme care be exercised in verifying an applicant’s experience. The Board reserves the right to review all employment records in making a final determination of an applicant’s experience.

This is to certify that ____________________________ is/was employed by this firm in the following capacity or capacities (verify experience only in the electrical or applicable special restricted field for which the applicant is requesting to be examined and specify the respective field): Employer representative must enter total hours worked and capacity or capacities worked.

a) SECONDARY EXPERIENCE: (Example Apprentice or helper) in the electrical or special restricted field: ENTER DATES OF EMPLOYMENT, CAPACITY AND TOTAL HOURS WORKED IN THAT CAPACITY:
   BEGIN DATE OF EMPLOYMENT:___________________________ END DATE OF EMPLOYMENT___________________________
   CAPACITY:______________________________________________ TOTAL HOURS WORKED_________________________________

b) PRIMARY EXPERIENCE: (Example Journeyman or Mechanic) in the electrical or special restricted field: ENTER DATES OF EMPLOYMENT, CAPACITY AND TOTAL HOURS WORKED IN THAT CAPACITY:
   BEGIN DATE OF EMPLOYMENT:___________________________ END DATE OF EMPLOYMENT___________________________
   CAPACITY:______________________________________________ TOTAL HOURS WORKED_________________________________

c) OTHER CAPACITY: ENTER DATES OF EMPLOYMENT, JOB DESCRIPTION (ATTACH COMPANY OR JOB DESCRIPTION IF AVAILABLE) AND TOTAL HOURS WORKED IN THAT JOB:
   BEGIN DATE OF EMPLOYMENT:___________________________ END DATE OF EMPLOYMENT___________________________
   CAPACITY:______________________________________________ TOTAL HOURS WORKED_________________________________

Please check one of the following that best describes this applicant’s character:  ☐ GOOD  ☐ NOT GOOD  ☐ NO OPINION

Other comments:_____________________________________________________________________________________________________

EMPLOYER_____________________________________________________________ _____________________________________________
SIGNATURE OF EMPLOYER REPRESENTATIVE

ADDRESS_______________________________________________________________ _____________________________________________
PRINTED NAME OF EMPLOYER REPRESENTATIVE

DATE___________________________________________________ PHONE _____________________________________________________
AREA CODE

STATE OF_____________________________________________________ COUNTY OF____________________________________________

I, a notary public of the county and state aforesaid, certify that the employer representative whose signature appears above 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 _______________________________________________________________________________________________.

(FOR BOARD USE ONLY)

APPROVED BY: ___________________ DATE:_________________ EMPL REP ____________
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 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 ☐

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: _______________________________________________________________________________________________
North Carolina
Industrial Commission

Public Notice Statement

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-l(b)(IO)(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)]