



## 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

### APPLICATION TO REACTIVATE ELECTRICAL CONTRACTING LICENSE

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#### **APPLICATION CHECKLIST**

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

#### **Verification of Employment & Continuing Education:**

Since your license has been inactive longer than 12-months, you must provide verification of employment stating you have worked in the electrical field at least 500-hours within the immediate past 12 months; **AND** you must complete 8-hours of required continuing education credit with a minimum of 4-hours being classroom hours as set forth in set forth in 21 NCAC 18B .1101.

#### **INTERMEDIATE AND UNLIMITED LICENSE CLASSIFICATIONS ONLY:**

Pursuant to G.S. 87-43.2(a)(4), a 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.*

#### **IF FIRM IS A CORPORATION OR LIMITED LIABILITY COMPANY:**

Verification of active business registration with the North Carolina Secretary of State. The Board shall not issue a license to a corporation nor a limited liability company unless the corporation/company has obtained a certificate of authority from the NORTH CAROLINA Secretary of State (919) 814-5400.

#### **License Fee payment (listed on application).**

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#### **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.

*History Note: Authority G.S. 87-42; Eff. October 1, 1988; Amended Eff. March 1, 1999; February 1, 1996.*

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#### **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.



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APPLICATION TO REACTIVATE ELECTRICAL CONTRACTING LICENSE

SUBMIT THIS APPLICATION WITH ALL REQUIRED DOCUMENTS BY MAILING OR FAXING TO THE ADDRESS ABOVE.

SECTION 1. BUSINESS INFORMATION

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

- Check boxes for license types: LIMITED \$120.00, INTERMEDIATE \$165.00, UNLIMITED \$215.00, SP-WP \$120.00, SP-SFD \$120.00, SP-FA/LV \$120.00, SP-PH \$120.00, SP-SP \$120.00, SP-EL \$120.00, SP-ES \$120.00.

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 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:

- Check boxes for business types: 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:

Table with 4 columns: FULL NAME, SIGNATURE, DATE OF BIRTH, SOCIAL SECURITY NUMBER. Includes four rows of blank lines for data entry.

(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** 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.

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**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: \_\_\_\_\_  
*(Owner, Partner, Officer, or Member)*

TITLE: \_\_\_\_\_

13. **PAYMENT:**

METHOD OF PAYMENT:  CHECK  MONEY ORDER  CREDIT CARD

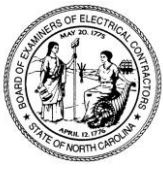
CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

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**



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VERIFICATION OF EMPLOYMENT

All licenses that have been inactive longer than 12-months must provide verification of employment. The verification of employment must state the applicant has worked in the electrical field at least 500-hours within the immediate past 12-months prior to reactivation. Applicants may NOT attest to his/her own employment.

This is to certify that \_\_\_\_\_ (applicant full name) was employed by our firm for \_\_\_\_\_ hours during the immediate past twelve-months in the capacity of \_\_\_\_\_ (journeyman electrician, electrical foreman, etc.)

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Verifier Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business/Firm Name

\_\_\_\_\_  
Business Street Address

\_\_\_\_\_  
City/State/Zip

(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 \_\_\_\_\_ personally appeared before me this day and signed the foregoing document.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_  
Notary Signature

(SEAL)

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

## 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 \$60,000.00**. 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 \$60,000.00**? (*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 \$150,000.00**. 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 \$150,000.00**? (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)

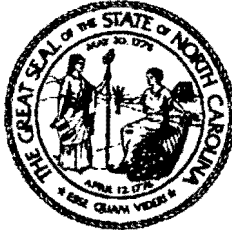
BOND AGENT/ATTORNEY IN FACT: \_\_\_\_\_

BONDING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED: \_\_\_\_\_

NAME OF INSURANCE AGENCY: \_\_\_\_\_

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

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)]