



APPLICATION FOR LICENSE BY RECIPROCITY: OHIO

NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
Phone: (919) 733-9042 Web: www.ncbeec.org

Application Submittal:

Mail: NCBEEC, 3101 Industrial Drive,
Suite 206, Raleigh, NC 27609

Email: Office@ncbeec.org

Fax: (800) 691-8399

APPLICATION REQUIREMENTS

IMPORTANT – READ CAREFULLY

Applicants who hold an Unlimited Electrical Contractor's license in the state of Ohio may apply for any electrical contracting license classification in North Carolina via reciprocity.

ALL APPLICATIONS:

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

1. A completed Reciprocity application for the license classification chosen, including the applicable license fee listed on the application.
2. Each qualified individual listed on the application must have taken and passed a qualifying examination with the state of Ohio. Verification of license and examination from the Ohio licensing board must be included with your application. Copies of licenses and/or examination scores will not be accepted.

To obtain a license/exam verification, visit www.com.ohio.gov/dico/ocilb or call the Ohio Construction Industry Licensing Board at (614) 644-3493.

3. Signed and notarized Affidavit form completed by the applicant.
4. Two (2) completed Character Statement forms.
5. Complete the North Carolina Laws, Rules and Business Practices test located at the end of this application. All applicants, who are applying for a license under a technical examination waiver agreement (i.e. under a reciprocal agreement), must pass the attached 25 question examination included at the end of this application.

The test questions are developed from the NASCLA Business and Project Management for Contractors: North Carolina Electrical Contractors' Edition booklet available at www.nascla.org and from the Board Laws & Rules available online at www.ncbeec.org/laws-rules.

6. **Corporations/Limited Liability Companies ONLY:** If your business is 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 company has obtained a certificate of authority from the North Carolina Secretary of State. For more information visit www.sosnc.gov or call (919) 814-5400.

ADDITIONAL APPLICATION REQUIREMENTS:

In addition to the above items, applicants must include the following if applying for the Unlimited or Intermediate license classifications.

Unlimited (U) Classification Applications:

1. An Unlimited Statement of Bonding Ability for \$150,001.00 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).
2. Two (2) completed Supervise and Direct forms.

Intermediate (I) Classification Applications:

1. An Intermediate Statement of Bonding Ability for \$60,001.00 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).

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.*

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.

CRIMINAL BACKGROUND AND 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.
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (6b) A Certificate of Relief granted pursuant to North Carolina Gen. Stat. § 15A-173.2.
- (7) The subsequent commission of a crime by the applicant.
- (8) 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. As a result of the evidence presented at that hearing and considering the considerations outlined above, the 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).

If the applicant wishes 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.*



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SECTION 1: BUSINESS INFORMATION

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

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> UNLIMITED \$190.00 | <input type="checkbox"/> SP-SFD \$95.00 | <input type="checkbox"/> SP-FALV \$95.00 | <input type="checkbox"/> SP-ES \$95.00 |
| <input type="checkbox"/> INTERMEDIATE \$140.00 | <input type="checkbox"/> SP-PH \$95.00 | <input type="checkbox"/> SP-EL \$95.00 | |
| <input type="checkbox"/> LIMITED \$95.00 | <input type="checkbox"/> SP-WP \$95.00 | <input type="checkbox"/> SP-SP \$95.00 | |

2. BUSINESS/COMPANY 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. DAYTIME PHONE (INCLUDING AREA CODE): _____

6. CELL PHONE (INCLUDING AREA CODE): _____

7. EMAIL ADDRESS: _____
(LICENSEE WILL RECEIVE ALL BOARD CORRESPONDENCE AT THIS EMAIL)

8. INDICATE THE NATURE OF THE COMPANY AND LIST THE NAMES AND TITLES OF OWNER(S), PARTNERS, OFFICERS, OR MEMBERS ON THE LINE BELOW:
 SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY
NAMES/TITLES: _____

9. HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS? FULL-TIME PART-TIME

SECTION 2: QUALIFIED INDIVIDUAL INFORMATION

10. NAME, SIGNATURE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF EACH QUALIFIED INDIVIDUAL TO BE ADDED TO LICENSE STARTING WITH THE LICENSEE (LICENSE HOLDER):

<u>FULL NAME</u>	<u>SIGNATURE</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(BOARD USE ONLY)

LICENSE # _____ APPROVED BY _____ EFFECTIVE _____ B# _____
BACKGROUND _____

SECTION 3: EMPLOYEE CLASSIFICATION INFORMATION

13. 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 HAVE BEEN EXPUNGED.

14. 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**

15. 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.

16. 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 _____

SECTION 5: PAYMENT INFORMATION

PAYMENT METHOD: CHECK MONEY ORDER CREDIT CARD
(CHECK / MONEY ORDER SHOULD BE MADE PAYABLE TO NCBEEC)

CREDIT CARD # _____ EXPIRATION DATE _____

NAME ON CARD _____ SECURITY CODE _____

BILLING ADDRESS _____

STREET ADDRESS

CITY

STATE

ZIP

LICENSE/EXAM VERIFICATION

COMPLETE SECTION 1 AND SEND THE FORM TO YOUR LICENSING BOARD FOR COMPLETION OF SECTIONS 2 AND 3.

SECTION 1. LICENSE INFORMATION

EXACT NAME AND ADDRESS IN WHICH CURRENT ELECTRICAL CONTRACTING LICENSE IS ISSUED:

LICENSE ISSUED TO: _____

BUSINESS NAME AS LISTED ON LICENSE: _____

LICENSE NUMBER: _____ CLASSIFICATION(S): _____

ORIGINAL LICENSE ISSUED DATE: _____ CURRENT LICENSE EXPIRATION DATE: _____

SECTION 2. QUALIFICATION INFORMATION (TO BE COMPLETED BY LICENSING BOARD OFFICIAL)

EXACT NAME AND SOCIAL SECURITY NUMBER OF EACH PERSON WHO HAS INDIVIDUALLY QUALIFIED FOR LICENSE BY HAVING TAKEN AND PASSED THE NORMALLY REQUIRED STATE QUALIFYING EXAMINATION TOGETHER WITH THE DATE EACH SUCH PERSON PASSED SAID EXAMINATION:

<u>NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE QUALIFIED BY EXAMINATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WAS THIS LICENSE ISSUED RECIPROCITY/ENDORSEMENT? YES _____ NO _____

IF YES, WHAT STATE? _____

SECTION 3. DISCIPLINARY ACTION (TO BE COMPLETED BY LICENSING BOARD OFFICIAL)

HAS THIS LICENSEE EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST HIS/HER LICENSE? YES _____ NO _____

IF **YES**, PLEASE PROVIDE ADDITIONAL INFORMATION:

1. DATE OF DISCIPLINE: _____
2. DISCIPLINARY ACTIONS: _____
3. TERMS OF DISCIPLINARY ACTION BEEN SATISFIED: YES _____ NO _____

SIGNATURE TITLE DATE

(BOARD SEAL)

QUALIFIED AGENT AFFIDAVIT

TO BE COMPLETED BY THE APPLICANT AS THE QUALIFIED AGENT APPLYING FOR LICENSURE

I, _____, state on oath and affirm that:
(Qualified Agent)

1. I am the qualified agent of _____.
(Name of Company)

I /the firm are currently licensed under the laws of _____.
(State)

I have been a licensed electrical contractor for _____.
(Number of Years)

2. I, the qualified agent, am seeking to become a licensed as an electrical contractor in the State of North Carolina under a reciprocal agreement with the state of _____. I certify that I meet all requirements of the reciprocal agreement.

3. By executing this affidavit, I and the firm agree to comply with all laws and regulations of the State of North Carolina and its agencies.

Signature of Qualified Agent

Date

ACKNOWLEDGMENT

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____.

Signature of Notary Public

Printed Name

My commission expires: _____

(SEAL)

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: _____

CHARACTER STATEMENT FORM (1)

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S GOOD CHARACTER. *THE QUALIFIED AGENT CANNOT ATTEST TO HIS OR HER OWN CHARACTER*

This is to certify that I have known _____ for approximately _____ years and that in my opinion he is of good character.

This _____ day of _____, _____.

SIGNED: _____

TITLE: _____

NAME OF FIRM: _____

FIRM ADDRESS: _____

TELEPHONE: (_____) _____

CHARACTER STATEMENT FORM (2)

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S GOOD CHARACTER. *THE QUALIFIED AGENT CANNOT ATTEST TO HIS OR HER OWN CHARACTER*

This is to certify that I have known _____ for approximately _____ years and that in my opinion he is of good character.

This _____ day of _____, _____.

SIGNED: _____

TITLE: _____

NAME OF FIRM: _____

FIRM ADDRESS: _____

TELEPHONE: (_____) _____

SUPERVISE AND DIRECT STATEMENT FORM (1)

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S ABILITY. *THE QUALIFIED AGENT CANNOT ATTEST TO OWN ABILITY.*

This is to certify that I have known _____ for approximately _____ years; that I am knowledgeable of this individuals electrical experience; and that in my opinion, does have the ability to satisfactorily supervise and direct all electrical work performed by an electrical contracting business in the **UNLIMITED** license classification.

This _____ day of _____, _____.

SIGNED: _____

TITLE: _____

NAME OF FIRM: _____

FIRM ADDRESS: _____

TELEPHONE: (_____) _____

SUPERVISE AND DIRECT STATEMENT FORM (2)

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S ABILITY. *THE QUALIFIED AGENT IS NOT ALLOWED TO ATTEST OWN ABILITY.*

This is to certify that I have known _____ for approximately _____ years; that I am knowledgeable of this individuals electrical experience; and that in my opinion, does have the ability to satisfactorily supervise and direct all electrical work performed by an electrical contracting business in the **UNLIMITED** license classification.

This _____ day of _____, _____.

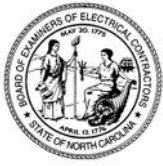
SIGNED: _____

TITLE: _____

NAME OF FIRM: _____

FIRM ADDRESS: _____

TELEPHONE: (_____) _____



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

North Carolina Laws, Rules and Business Practices Test

All applicants are required to pass an examination on laws, rules and business practices applicable to Electrical Contracting in North Carolina. Applicants taking the North Carolina examination have laws, rules and business practice questions on the regular qualifying examination. Applicants, who are applying for a license under an examination waiver agreement, must pass the attached test.

The following test is a twenty-five (25) question, open book examination to be completed by the qualifying party who has passed the technical examination as certified by the state licensing board and listed on the North Carolina license application form. The minimum passing grade is seventy (70) and each question is worth four (4) points. The qualifying party, without assistance, must complete this examination.

Return the completed examination and this acknowledgement sheet with your reciprocal license application documents. Upon a passing grade, an electrical contractors license will be issued, provided all other application requirements have been met. This examination cannot be reproduced or copied.

ACKNOWLEDGEMENT

I hereby certify that I completed the North Carolina laws, rules and business practices examination without any help or assistance and that no part of the examination was reproduced or copied. I understand that any misrepresentation or omission of facts may result in disqualification or denial of licensure.

Signed this _____ day of _____, 20____.

Signature of Qualifying Individual

Date Exam Completed



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North Carolina Laws, Rules and Business Practices Test

1. It is only acceptable to pay employees of a firm by:
 - A. W-2 / W-4
 - B. 1099
 - C. Sub-contactor
 - D. Bonus
2. How long do you have, as a contractor, to request a final inspection after the work has been completed?
 - A. 10 days
 - B. 8 days
 - C. 1 month
 - D. 3 months
3. As an electrical contractor in the State of North Carolina, if the company is an LLC or a Corporation, you must register with the NC Secretary of State with the exact name that you have on file with the NC Board of Electrical Contractors.
 - A. True
 - B. False
4. A Statement of Bonding Ability is required for which classifications of electrical contracting license in the state of North Carolina?
 - A. Unlimited
 - B. Intermediate
 - C. Limited
 - D. Both A and B
5. What are the project value and voltage restrictions for a Limited electrical license in the state of North Carolina?
 - A. \$150,000 / 600 volts
 - B. \$60,000 / 480 volts
 - C. \$150,000 / 240 volts
 - D. \$60,000 / 600 volts
6. What agency would you contact for a formal interpretation of the electrical code?
 - A. NC Board of Electrical Contractors
 - B. NC Department of Insurance
 - C. NC Secretary of State
 - D. Local authority having jurisdiction
7. An electrical contractor must conduct business in the exact name in which they are registered with the NC State Board of Examiners of Electrical Contractors.
 - A. True
 - B. False
8. How many additional years of continuing education are licensees allowed to accumulate and carry forward?
 - A. 1 year
 - B. 2 years
 - C. 3 years
 - D. 4 years
9. What are the acceptable methods to renew an electrical license with the NC Board of Examiners of Electrical Contractors?
 - A. Mail in paper renewal
 - B. Online renewal via ncbeec.org
 - C. Call in to renew over the phone
 - D. A & B
10. The Board accepts online continuing education (CE) courses from other states.
 - A. True
 - B. False
11. How many CE hours are required to renew an Unlimited license every year?
 - A. 4 Hours
 - B. 6 Hours
 - C. 8 Hours
 - D. 10 Hours

RECIPROCITY TEST

22. What application should be completed to change your company's name on your NC electrical license?
- A. Reissuance of License Application
 - B. Write on Renewal Application
 - C. New License Application
 - D. You can change it online
23. Per Board Rule .0405 how many days prior to the license expiration date should a licensee renew the electrical license?
- A. 60 days
 - B. 30 days
 - C. 90 days
 - D. Day of expiration
24. The license holder shall report any changes in employment of listed qualified individuals to the Board within how many days?
- A. 14 days
 - B. 10 days
 - C. 5 days
 - D. 30 days
25. Licensee's can search online through the Board's website for approved Continuing Education courses.
- A. True
 - B. False