



## LICENSE VERIFICATION REQUEST FORM

**Application Submittal**

Mail: NCBEEC, 505 N. Greenfield Pkwy,  
 Suite 100, Garner, NC 27529

Email: [Office@ncbeec.org](mailto:Office@ncbeec.org)

Fax: (800) 691-8399

The license verification will contain all exam information, company information and qualifer information. If there is a specific verification/waiver form you would like completed, submit with this request form.

1. Specify the type of verification (full or select)

- Full License with all listed qualified individuals \* *This is the default verification*
- Select License with select qualified individual (specify individual): \_\_\_\_\_

2. How many copies (@ \$25 per copy) are you requesting? \_\_\_\_\_ x \$25.00

3. Are you providing a form?  Yes  No\* \* If no, a verification letter will be provided.

4. License Number: \_\_\_\_\_

5. Company name: \_\_\_\_\_

6. Method of delivery:

*(NOTE: If both emailed and mailed verifications are selected below, these will be considered two separate letters and you will be charged accordingly.)*

Mail \_\_\_\_\_  
 \_\_\_\_\_

Email \_\_\_\_\_

7. Method of Payment:  Check/Money Order  Credit Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

8. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	PROCESS DATE	EMPLOYEE	FEE	BATCH #