



MILITARY LICENSE APPLICATION CHECKLIST

Use the following check list to complete your Application. Ensure all applicable documents listed are submitted together at one time.

- Completed License Application** (form enclosed). Per G.S. 93B-15.1, there is no license application fee due from military applicants for first time applications only.
- Employer Statement Form** (form enclosed) verifying land-based electrical experience hours required. Per G.S.93B-15.1, applicant must have engaged in the active practice of land-based primary type electrical work for at least two of the five years preceding the date of the application. (If necessary, a signed and notarized statement may accompany the Employer Statement Form detailing the experience).
- DD-214 or Similar** substantiation attesting to the applicant's military occupational specialty (MOS) certification and experience in the electrical field.
- (Military Spouse Applicants ONLY)*
Official Verification 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.
- 2 Character Statement Forms** (forms enclosed) from at least two persons who are knowledgeable of and can attest to the applicants' good character.
- (Unlimited Classification Applicants ONLY)*
2 Supervise & Direct Statement Forms (forms enclosed) from at least two persons who are knowledgeable of and can attest to the applicants' ability to supervise and direct all electrical work.
- (Unlimited Classification Applicants ONLY)*
Unlimited Statement of Bonding Ability (form enclosed) 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).
- (Intermediate Classification Applicants ONLY)*
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).
- (Inc. or LLC Companies ONLY)*
Register Business with the NC Secretary of State if the company you are attaching to your license that is listed on this application is an LLC or corporation. If you plan to start, or are adding, a business that is a corporation (Inc.) or limited liability company (LLC) to your new license, the business must be registered with the NC Secretary of State. We will 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.

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



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 <https://www.ncbeec.org/laws-rules/>.

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.
8. A Certificate of Relief granted pursuant to North Carolina Gen. Stat. § 15A-173.2.
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.



MILITARY / MILITARY SPOUSE LICENSE APPLICATION

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

Send completed applications to:

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

Email: Office@ncbeec.org

Fax: (800) 691-8399

SECTION 1: BUSINESS INFORMATION

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

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

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 _____



.0202 EXPERIENCE

(a) **Primary.** As used in this Chapter, **primary experience means working experience gained by the applicant while engaged directly in the installation of electrical wiring and equipment governed by the National Electrical Code or work activities directly related thereto.** Examples of the capacity in which a person may work in gaining primary experience and the percentages for creditable primary experience are as follows:

PRIMARY CAPACITY EXAMPLES	% OF HOURS ACCEPTED
1) Journeyman electrician or electrician mechanic, both meaning the same;	100
2) Electrical foreman;	100
3) Electrical general foreman;.....	100
4) Electrical superintendent;.....	100
5) Electrical general superintendent;.....	100
6) Estimator for licensed electrical contractor;.....	100
7) Electrical inspector recognized as such by the State Department of Insurance;.....	100
8) Time spent by a professional engineer who is responsible for follow-up project supervision, beyond the point of delivery, in electrical engineering, design consulting;.....	100
9) Full-time instructor teaching National Electrical Code, NFPA 72 and related electrical courses at a college, university, community college, technical institute, high school or vocational school;.....	80
10) Maintenance journeyman electrician or electrician mechanic employed in a full-time electrical maintenance department;.....	100
11) Time actually spent in electrical maintenance by a maintenance journeyman electrician or electrician mechanic regularly employed in other than a full-time electrical maintenance department;.....	100
12) Military person holding an electrician rating or rank of at least E-4 who is engaged in land-based electrical installations similar or equivalent to work performed by an electrical contractor;.....	100
13) Time actually spent in part-time or incidental work in any primary experience category;.....	100
14) Time actually spent installing or maintaining fire alarm/low voltage systems;.....	100
15) Time as a holder of NICET certification on NFPA 72 Level I, II, III or IV applicable to Fire Alarm and Low Voltage only.....	100

In calculating accumulative primary experience, **a total of 2,000 hours shall equal one full-time creditable year.** The total number of creditable years shall be calculated by dividing the total hours of primary experience by 2,000. *Example: Applicant has worked in primary capacity for a total of 7,200 hours of primary experience. 7,200 / 2,000 = 3.6 years creditable primary work experience.*

(b) **Secondary.** As used in this Chapter, **secondary experience means working experience gained while engaged in work or training that is related to the installation of electrical wiring and equipment governed by the National Electrical Code.** Examples of the type of work or training in which a person may engage to gain creditable secondary experience and the percentages for creditable secondary experience are as follows:

SECONDARY CAPACITY EXAMPLES	% OF HOURS ACCEPTED
1) Apprentice electrician training in an apprentice program approved by the NC Community College System;.....	100
2) Time spent as an apprentice electrician or helper other than as described in subparagraphs (1) and (3) of this paragraph;.....	80
3) Time actually spent in electrical maintenance by a maintenance apprentice or electrician helper regularly employed in other than a full-time electrical maintenance department;.....	80
4) Student satisfactorily completing National Electrical Code and related electrical courses at a college, university, community college, technical institute, high school, or vocational school;.....	50
5) Time spent by a professional engineer who is not responsible for follow-up project supervision, beyond the point of delivery, in electrical engineering, design, or consulting;.....	50
6) Electrical construction design under the supervision of a professional engineer;.....	50
7) Sales representative for an electrical wholesaler, distributor, or manufacturer;.....	20
8) Appliance service and repair;.....	20
9) Electric utility lineman; and.....	10
10) Electric utility serviceman.....	20

In calculating accumulative secondary experience, **a total of 2,000 hours shall equal one full-time creditable year.** The total number of creditable years shall be calculated by applying the percentage for creditable secondary experience and dividing the remainder hours by 2,000. *Example: Applicant has 1,000 hours of work experience as a helper or regular apprentice and 2,200 hours of experience while enrolled in an approved apprentice training program: 1,000 hours at 80 percent = 800 hours secondary experience; 2,200 hours at 100 percent = 2,200 hours secondary experience; 800 + 2,200 / 2,000 = 1.5 years creditable secondary experience*

(c) **Other Experience.** The Board shall approve other experience that it finds to be equivalent or similar to the primary or secondary experience defined in this Rule.

History Note: Authority G.S. 87-42; 87-43.3; 87-43.4; Eff. October 1, 1988. Amended Eff. October 1, 2017; January 1, 2010; March 1, 1999.



EMPLOYER STATEMENT FORM - MILITARY

ELECTRICAL EXPERIENCE SHOULD BE STATED ON THIS FORM. This form is to be completed the applicants past or present employer or employer representative under whom their electrical experience was gained. Refer to Board rule ".0202 Experience" when completing this form. The Board reserves the right to contact the Employer/Employer Representative and review all employment records in making a final determination of an applicant's experience. Applicants cannot verify their own experience.

All military applicants must demonstrate they have been engaged in land-based electrical work for at least two (2) of the five (5) years preceding the date of application per G.S. 93B-15.1. (Note: 1 year full-time = 2,000 hours)

Job titles / full-time / etc. listed as a capacity below WILL NOT BE ACCEPTED. Acceptable experience capacities are in rule .0202 "Experience".

This is to certify that _____ is/was employed by this firm in the following capacity/capacities and gained the stated experience while working in said capacity:

A) SECONDARY EXPERIENCE: Working experience gained while engaged in work or training that is related to the installation of electrical wiring and equipment governed by the National Electrical Code or work activities directly related thereto. (Examples: Helper or Apprentice. Enter dates of employment, capacity held and total hours of experience gained while in that capacity.)

BEGIN DATE OF EXPERIENCE: _____ END DATE OF EXPERIENCE: _____
CAPACITY: _____ TOTAL HOURS EXPERIENCE: _____

B) PRIMARY EXPERIENCE: Working experience gained by the applicant while engaged directly in the installation of electrical wiring and equipment governed by the National Electrical Code or work activities directly related thereto. (Examples: Journeyman or Electrician Mechanic. Enter time period experience was gained, capacity held and total hours of experience.)

BEGIN DATE OF EXPERIENCE: _____ END DATE OF EXPERIENCE: _____
CAPACITY: _____ TOTAL HOURS EXPERIENCE: _____

C) OTHER EXPERIENCE: (Enter dates of employment, capacity held and total hours of experience gained while in that capacity.)

BEGIN DATE OF EXPERIENCE: _____ END DATE OF EXPERIENCE: _____
CAPACITY: _____ TOTAL HOURS EXPERIENCE: _____

Please check one of the following that best describes this applicant's character: [] GOOD [] NOT GOOD [] NO OPINION

Other Comments: _____

Employer Company Name: _____

Employer Address: _____ (STREET / P.O. BOX) (CITY) (STATE) (ZIP CODE)

Phone: _____ (AREA CODE) Email Address: _____

Employer/Representative Signature: _____ Title: _____

Employer/Representative Printed Name: _____ Date Signed: _____

STATE OF _____ COUNTY OF _____

I, a notary public of the aforesaid state and county, certify that the employer/representative whose signature appears above, personally appeared before me, and signed the foregoing document.

Witness my hand and official seal, this _____ day of _____, _____ (SEAL)

Notary Printed Name _____ Notary Signature _____

My Commission Expires _____

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____



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 , . . 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 , . ? (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 , . . 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 , . . ? (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

THIS FORM REFERS TO THE APPLICANTS CHARACTER. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) INDIVIDUALS ATTESTING TO THE APPLICANT'S GOOD CHARACTER ARE REQUIRED. EXAMPLES OF ACCEPTABLE CHARACTER WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO-WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

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

Signed this _____ day of _____, _____.

WITNESS SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____
(STREET / P.O. BOX)

(CITY / STATE / ZIP CODE)

PHONE: _____
(AREA CODE)

EMAIL: _____

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____



CHARACTER STATEMENT FORM

THIS FORM REFERS TO THE APPLICANTS CHARACTER. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) INDIVIDUALS ATTESTING TO THE APPLICANT'S GOOD CHARACTER ARE REQUIRED. EXAMPLES OF ACCEPTABLE CHARACTER WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO-WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

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

Signed this _____ day of _____, _____.

WITNESS SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____
(STREET / P.O. BOX)

(CITY / STATE / ZIP CODE)

PHONE: _____
(AREA CODE)

EMAIL: _____

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____



SUPERVISE AND DIRECT STATEMENT FORM

REQUIRED FOR THE UNLIMITED CLASSIFICATION ONLY.

THIS FORM REFERS TO THE APPLICANT'S SUPERVISORY ABILITIES. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) PERSONS WHO ARE KNOWLEDGABLE OF THE APPLICANT'S ABILITY TO SUPERVISE AND DIRECT ALL ELECTRICAL WIRING AND ELECTRICAL INSTALLATION WORK DONE BY AN ELECTRICAL CONTRACTING BUSINESS ARE REQUIRED.

THIS FORM MAY ALSO BE USED FOR CHARACTER REFERENCE. EXAMPLES OF ACCEPTABLE WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO- WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

This is to certify that I have known _____ for approximately ____ years; that I am knowledgeable of their electrical experience; and that in my opinion they have the ability to satisfactorily supervise and direct all electrical wiring and electrical installation work performed by an electrical contracting business in the Unlimited classification.

Please check one of the following that best describes your opinion of the applicant's character:

- GOOD NOT GOOD NO OPINION

Signed this _____ day of _____, _____.

WITNESS SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____
(STREET / P.O. BOX)

(CITY / STATE / ZIP CODE)

PHONE: _____
(AREA CODE)

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____



SUPERVISE AND DIRECT STATEMENT FORM

REQUIRED FOR THE UNLIMITED CLASSIFICATION ONLY.

THIS FORM REFERS TO THE APPLICANT'S SUPERVISORY ABILITIES. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) PERSONS WHO ARE KNOWLEDGABLE OF THE APPLICANT'S ABILITY TO SUPERVISE AND DIRECT ALL ELECTRICAL WIRING AND ELECTRICAL INSTALLATION WORK DONE BY AN ELECTRICAL CONTRACTING BUSINESS ARE REQUIRED.

THIS FORM MAY ALSO BE USED FOR CHARACTER REFERENCE. EXAMPLES OF ACCEPTABLE WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO- WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

This is to certify that I have known _____ for approximately ____ years; that I am knowledgeable of their electrical experience; and that in my opinion they have the ability to satisfactorily supervise and direct all electrical wiring and electrical installation work performed by an electrical contracting business in the Unlimited classification.

Please check one of the following that best describes your opinion of the applicant's character:

- GOOD NOT GOOD NO OPINION

Signed this _____ day of _____, _____.

WITNESS SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____
(STREET / P.O. BOX)

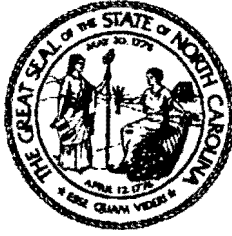
(CITY / STATE / ZIP CODE)

PHONE: _____
(AREA CODE)

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____

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

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)]