



APPLICATION TO REACTIVATE ELECTRICAL CONTRACTING LICENSE

NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

Phone: (919) 733-9042 Web: www.ncbeec.org

Application Submittal:

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

Email: Office@ncbeec.org

Fax: (800) 691-8399

APPLICATION CHECKLIST:

- Completed License Application** (form enclosed) including applicable license fee for the classification chosen.
- Verification of Employment** (form enclosed). Since the 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.
- Continuing Education Hours**. Since the license has been inactive longer than 12 months, you must complete 8 hours of required continuing education credit with a minimum of 4 hours being classroom hours as set forth in 21 NCAC 18B .1101.
- (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 (form enclosed) 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).
- (Coporation 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 a 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 814-5400.

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



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.

CONTINUING EDUCATION REQUIREMENTS: LISTED QUALIFIED INDIVIDUALS

(a) Every listed qualified individual, including listed qualified individuals pursuant to G.S. 87-50, shall complete continuing education for each license period (July 1 – June 30) to renew the license on which the qualified individual is currently listed, for the next license period, except as follows:

- 1) Individuals becoming qualified by examination during the 12 month period immediately preceding the license renewal date;
- 2) qualified individuals unable to fulfill the required number of hours as the result of illness as certified in writing by the attending physician; or
- 3) persons presenting approved courses of continuing education.

(b) The number of required contact hours for every listed qualified individual shall be determined by the classification of license on which the qualified individual is currently listed as follows:

- 1) Qualified individuals currently listed on a license in the limited, intermediate, unlimited and special restricted single family dwelling classifications shall complete at least eight hours of approved continuing education for license renewal; and
- 2) qualified individuals currently listed on a license in the special restricted fire alarm/low voltage (FALV), special restricted elevator (SP-EL), special restricted plumbing and heating (SP-PH), special restricted ground water pump (SP-WP), special restricted electric sign (SP-ES) and special restricted swimming pool (SP-SP) classifications shall complete at least four hours of approved continuing education for license renewal.



APPLICATION TO REACTIVATE LICENSE

(FOR LICENSES INACTIVE OVER 12-MONTHS)

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

Application Submittal:

Mail: NCBEEC, 505 N. Greenfield Pkwy, Suite 100, Garner, NC 27529
Email: Office@ncbeec.org Fax: (800) 691-8399

SECTION 1: BUSINESS INFORMATION

- CURRENT LICENSE NUMBER: _____
- CLASSIFICATION OF LICENSE DESIRED: *(CHECK CLASSIFICATION; LICENSE FEE MUST BE SUBMITTED WITH APPLICATION)*

<input type="checkbox"/> UNLIMITED \$225.00	<input type="checkbox"/> SP-SFD \$125.00	<input type="checkbox"/> SP-FALV \$125.00	<input type="checkbox"/> SP-ES \$125.00
<input type="checkbox"/> INTERMEDIATE \$175.00	<input type="checkbox"/> SP-PH \$125.00	<input type="checkbox"/> SP-EL \$125.00	
<input type="checkbox"/> LIMITED \$125.00	<input type="checkbox"/> SP-WP \$125.00	<input type="checkbox"/> SP-SP \$125.00	
- BUSINESS/COMPANY NAME: _____
EXACT NAME IN WHICH ELECTRICAL CONTRACTING BUSINESS WILL BE CONDUCTED IN NORTH CAROLINA
- PHYSICAL ADDRESS _____
(P.O. BOX NOT ACCEPTABLE) NUMBER AND STREET

CITY STATE ZIP
- MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) NUMBER AND STREET

CITY STATE ZIP
- DAYTIME PHONE *(INCLUDING AREA CODE)*: _____
- CELL PHONE *(INCLUDING AREA CODE)*: _____
- EMAIL ADDRESS: _____
(LICENSEE WILL RECEIVE ALL BOARD CORRESPONDENCE AT THIS EMAIL)
- 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: _____
- HOW DO YOU PLAN TO CONDUCT THE ELECTRICAL CONTRACTING BUSINESS? FULL-TIME PART-TIME

SECTION 2: QUALIFIED INDIVIDUAL INFORMATION

- 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- HAVE ALL QUALIFIED INDIVIDUALS TO BE LISTED ON LICENSE COMPLETED THE REQUIRED CONTINUING EDUCATION HOURS FOR THE APPLICABLE LICENSE CLASSIFICATION? YES NO
(NOTE: APPLICATION WILL BE RETURNED IF ALL CE HOURS ARE NOT ON FILE WITH THE BOARD AT TIME OF PROCESSING. CE HOURS ARE REQUIRED AS THE EXPIRATION DATE OF THE LICENSE WILL CHANGE ONCE PROCESSING IS COMPLETE AND A NEW CERTIFICATE IS ISSUED.)

(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



STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

505 N. Greenfield Pkwy, Suite 100, Garner NC 27529
PHONE: 919-733-9042 FAX: 800-691-8399 WEB: www.ncbeec.org

VERIFICATION OF EMPLOYMENT

All licenses that have been inactive longer than 12-months must provide verification 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

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)]*