

COMPANY NAME CHANGE APPLICATION

NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

505 N. Greenfield Parkway, Suite 100, Garner, NC 27529

Application Submittal:

Mail: NCBEEC, 505 N. Greenfield Pkwy, Suite 100, Garner, NC 27529 Email: Office@ncbeec.org

Fax: (800) 691-8399

License holders should use this application to change or make changes to the company associated with their license.

<u>AP</u>	PLICATION CHECKLIST:
	Completed License Application (form enclosed) including applicable license fee for the classification chosen.
	Examination & Qualified Individual. Each qualified individual listed on the application under <i>Section 2</i> must have taken and passed an examination with the Board for the license classification selected on the application. Furthermore, the full name, signature, date of birth, and social security number of the qualified individual who will be the license holder (licensee) and all additional qualified individuals to be listed on the license must be provided under <i>Section 2</i> .
	Continuing Education Hours. Every listed qualified individual must complete the required continuing education for the license on which the qualified individual is currently or will be listed for the annual license period 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).
	(Corporation 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 sosne gov or call 814-5400

PLEASE ALLOW 7 - 10 BUSINESS DAYS FOR PROCESSING

NORTH CAROLINA STATE BOARD OF **EXAMINERS OF ELECTRICAL CONTRACTORS**

(919) 733-9042 office@ncbeec.org www.ncbeec.org

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.

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

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.



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SE	CTION 1: BUSINESS INFORMA	TION						
1.	CURRENT LICENSE NUMBER:							
	CLASSIFICATION OF LICENSE DESIRED: (MITTED WITH AF	PLICATION)		
	☐ INTERMEDIATE \$150.00 ☐ SP-	\$100.00 PH \$100.00 WP \$100.00	SP-EL	\$100.00	☐ SP-ES	\$100.00		
2	BUSINESS/COMPANY NAME:							
э.		T NAME IN WHICH E	ELECTRICAL CONT	RACTING BUSI	NESS WILL BE CO	NDUCTED IN	NORTH CAROLINA	
_	DHACICAT V DDBECC							
4.	PHYSICAL ADDRESS(P.O. BOX NOT ACCEPTABLE)	NU	UMBER AND STRE	EET				
	CITY			STATE			ZIP	
5.	MAILING ADDRESS(IF DIFFERENT FROM ABOVE)		UMBER AND STR	 FFT				
	(ii ziii ziizii riiciii riizotz)	,,,,	011112 THE STATE					
	CITY			STATE			ZIP	
6.	DAYTIME PHONE (INCLUDING AREA CODE):							
_	CELL PLICALE AND							
7.	CELL PHONE (INCLUDING AREA CODE):							
8.	EMAIL ADDRESS:	DENCE AT THIS EMA	IL)					
9.	INDICATE THE NATURE OF THE COMPAILINE BELOW:	NY AND LIST THE	_		DWNER(S), PA			1BERS ON THE
	NAMES/TITLES:							
10.	HOW DO YOU PLAN TO CONDUCT THE	ELECTRICAL CON	NTRACTING B	USINESS?	☐ FULL-TI	ме 🗆	PART-TIME	
SE	CTION 2: QUALIFIED INDIVIDU	AL INFORMA	ATION					
11.	NAME, SIGNATURE, DATE OF BIRTH, AN STARTING WITH THE LICENSEE (LICENS		RITY NUMBER	OF EACH Q	UALIFIED IND	IVIDUAL T	O BE ADDED TO LI	CENSE
	FULL NAME	<u>SIGNATURE</u>	<u>E</u>	<u>]</u>	DATE OF BIRT	<u>'H</u>	SOCIAL SECURIT	TY NUMBER
12	HAVE ALL OLIALIFIED INDIVIDUALS TO	RELISTED ON LIC	CENSE COMPI	ETED THE R	FOLURED CO	NTINI IING	EDUCATION HOUS	RS FOR THE
12.	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 O EXPIRATION DATE OF THE LICENSE WILL CHANGE	CE HOURS ARE NOT					RS ARE REQUIRED AS TI	HE
			(BOARD US	E ONLY)				
	LICENSE #	APPROVED BY		_ EFFECTIVE		B#		
	BACKGROUND							



SECTION 3: EMPLOYEE CLASSIFICATION INFORMATION

L3.	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.
SE	CTION 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 <i>MISDEMEANOR</i> (EXCLUDING MINOR TRAFFIC VIOLATIONS) DURING THE PAST 3 YEARS? \[\subsetence \text{YES} \text{D} \text{NO} \]
15.	HAVE YOU EVER BEEN CONVICTED OF A <i>FELONY</i> ?
	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 CARDSECURITY CODE
	BILLING ADDRESS
	STREET ADDRESS

CITY

STATE

ZIP



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 THE				
3.	IS YOUR BONDING RELATIONSHIP WITH IF NO , PLEASE EXPLAIN:	H THIS APPLICANT SATISFACTORY AT	THE PRESENT TIME: YES	□ NO □	
4.	WHAT TYPE FINANCIAL STATEMENT DO (a) INDEPENDENT ACCOUNTANT' (b) INDEPENDENT ACCOUNTANT' (c) STATEMENT PREPARED BY ACCOUNTANT'	S CERTIFIED STATEMENT S UNAUDITED STATEMENT	THIS APPLICANT?		
5.	THE APPLICANT FOR AN INTERMEDIA' FURNISH PERFORMANCE BONDS FOR TO YOUR NORMALLY EXPECTED INE APPLICANT'S LINE OF BONDING CREDIT A BOND IN EXCESS OF \$60,000.00? (NO IN NO WAY COMMITS YOUR COMPANY)	ELECTRICAL CONTRACTING PROJECT DIVIDUAL JOB UNDERWRITING PROF TOTAL THIS IS STRICTLY A BONDING A	S HAVING A VALUE IN EX OCEDURES AND YOUR F THIS APPLICANT WOULD E BILITY STATEMENT AS OF	CESS OF \$60,000.00. SUBJECT RIGHT NOT TO EXCEED THIS BE ELIGIBLE ON THIS DATE FOR THE DATE SHOWN ABOVE AND	
6.	IS YOUR COMPANY DULY LICENSED TO NORTH CAROLINA DEPARTMENT OF IN:		OF NORTH CAROLINA AND	IN GOOD STANDING WITH THE	
REPRES POWE	TATEMENT MUST BE SIGNED UNDER TENTATIVE OR BY A DULY LICENSED AGE OF ATTORNEY AUTHORIZING HIM/HER TATEMENT OF BONDING ABILITY.	NT OF THE COMPANY, AND THE CO	MPANY REPRESENTATIVE	OR THE AGENT MUST ATTACH	
NAME	OF BONDING COMPANY:				
BONDI	NG COMPANY OFFICIAL:			(SEAL)	
BOND	AGENT/ATTORNEY IN FACT:				
BONDI	NG COMPANY ADDRESS WHERE COMPA	NY OFFICIAL IS LOCATED:			
NAME	OF INSURANCE AGENCY:				



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) (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
REPRE POWE	STATEMENT MUST BE SIGNED UNDER THE NAME OF THE BONDING COMPANY AND MUST BE SIGNED BY EITHER A COMPANY SENTATIVE OR BY A DULY LICENSED AGENT OF THE COMPANY, AND THE COMPANY REPRESENTATIVE OR THE AGENT MUST ATTACH OR ATTORNEY AUTHORIZING HIM/HER TO SIGN FOR THE BONDING COMPANY, DATED THE SAME DATE AS SHOWN AT THE TOP OF STATEMENT OF BONDING ABILITY.
NAME	OF BONDING COMPANY:
BOND	ING COMPANY OFFICIAL:(SEAL)
BOND	AGENT/ATTORNEY IN FACT:
BOND	ING COMPANY ADDRESS WHERE COMPANY OFFICIAL IS LOCATED:
NAME	OF INSURANCE AGENCY:

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 <u>defined</u> 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)]