



NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
505 N. Greenfield Parkway, Suite 100, Garner, NC 27529

RESPONDENT REGISTRATION FORM
Laws & Rules of Electrical Contracting Class

\$25.00 Course Fee

The Board conducts a 4-hour class concerning the laws and rules impacting electrical contractors. Classes will be held on the dates listed below. Respondents taking this course due to an enforcement case will NOT receive any continuing education credits for attending. **NOTE: All fees are non-refundable; should you fail to attend, you will not receive a refund for this class.**

A copy of your receipt will be emailed to you. Your receipt will serve as confirmation that you are registered for your selected class. **Please contact your assigned Field Investigator with any questions.** Please complete ALL fields below; INCOMPLETE FORMS WILL NOT BE ACCEPTED.

APPLICATION SUBMITTAL

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

REGISTRANT NAME: _____ (Full Name) LAST 4 SSN#: _____ (Required)

ELECTRICAL LICENSE#: _____ COMPANY: _____

ADDRESS: _____ (Street Address, City, State, Zip)

EMAIL: _____ PHONE: _____

AVAILABLE CLASSES

Select the class you are registering for:

- February 26, 2025 City of Asheboro - Public Works Facility
8:30 am – 12:30 pm 1312 N. Fayetteville Street, Asheboro, NC 27203
- March 12, 2025 Nash Community College - Business & Industry Center (B&I) - Rooms 4 & 5
8:30 am – 12:30 pm 522 North Old Carriage Road, Rocky Mount, NC 27804
- September 24, 2025 Carteret Community College - McGee Building - Joslyn Hall
8:30 am – 12:30 pm 3505 Arendell Street, Morehead City, NC 28557

PAYMENT INFORMATION

Method of Payment: _____ CHECK _____ MONEY ORDER _____ CREDIT CARD

Please make checks payable to: NCBEEC

CARD #: _____ EXP. DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NOTE: Pursuant to Rule .0107 of Title 21, Chapter 18B, of the North Carolina Administrative Code, A check to the Board that is subsequently returned because of insufficient funds or no account at a bank will be charged a processing fee of \$25.00.

PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING

A COPY OF YOUR RECEIPT WILL BE EMAILED TO YOU AS CONFIRMATION OF YOUR REGISTRATION

DATE: _____ BY: _____ FEE RECEIVED: \$ _____ BATCH: _____