



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

RESPONDENT INFORMATION

Case File #: _____ Electrical License #: _____

Registrant Name: _____ Last 4 SSN #: _____
(Full Name) (Required)

Email: _____ Phone: _____

AVAILABLE CLASSES

Select the class you are registering for:

- April 20, 2025** **Forsyth Community College – West Campus Auditorium**
8:30 am – 12:30 pm 1300 Bolton Street, Winston Salem, NC 27103
- May 21, 2025** **Cape Fear Community College, North Campus – NE Building, Room NE-108**
8:30 am – 12:30 pm 4500 Blue Clay Road, Castle Hayne, NC 28429
- June 3, 2025** **Surry Community College – The Pilot Center, Room 107**
8:30 am – 12:30 pm 612 East Main Street, Pilot Mountain, NC 27041
- August 20, 2025** **Wilkes Community College – Kendrick/Church Hall, Room 1403**
8:30 am – 12:30 pm 337 Stevens Lane, Wilkesboro, NC 28697 (must use Google Maps)
- 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

Payment Type: _____ CHECK _____ MONEY ORDER _____ CREDIT CARD
(Please make checks payable to: NCBEEC)

Card #: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

(NCBEEC USE ONLY)

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