

North Carolina Landscape Contractors' License Grandfather Application

Mail to: P.O. Box 20875 – Raleigh, NC 27619

I have met the qualifications below as of December 31, 2014, to be issued a landscape contractor's license without the requirement of examination by submission of this **completed application, original individual surety bond or irrevocable letter of credit or a copy of the corporation bond you are covered under**, issued by an insured institution in the amount of \$10,000 as required by statute **and payment of application fee on or before August 1, 2015**

I have 3 years documented experience in my own business as a landscape contractor or as an employee in a landscape contracting business and/or educational experience as specified and meet all other requirements for licensure as a landscape contractor. (must complete pages 1, 2, & 3)

1. QUALIFICATION REQUIREMENTS:

To be eligible for the experience related to grandfathering, the applicant must

- (1) Be at least 18 years of age
- (2) Be of good moral character
- (3) Furnish evidence satisfactory to the Board of three years experience in landscape contracting
- (4) Or furnish evidence satisfactory to the Board of experience or a combination of education and experience in landscape contracting equivalent to three years experience.

*If your business is **not a sole-proprietorship** but is a corporation, partnership, Limited Liability Corporation (LLC), or other business entity, you are required to have a corporate license (**Form CL001**) in addition to an individual license.*

Options to qualify for 3 years documented experience

Education Options:

Three years of documented experience in the person's own business as a landscape contractor or three years of documented experience as an employee in a landscape contracting business and meets all other requirements and qualifications for licensure as a landscape contractor.

Educational experience can be applied toward the three-year experience requirement as follows:

- a. One year of credit for a two-year degree in related educational training.
- b. Two years of credit for a four-year degree in related educational training.
- c. Up to two years of credit for education or business experience in general business management.

Educational achievement should be documented by having the institution transmit an official transcript directly to the Board, complete with an impression of the seal of the institution.

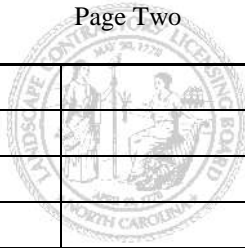
 (First Name) (Middle Name) (Last Name) (Date of Birth) (Mo/Day/Yr)

SOCIAL SECURITY NUMBER _____ - _____ - _____

Business Address: (This address used to correspond with you unless you check your home as the preferred address.)	Home Address (required): <input type="checkbox"/> (Check here if you prefer that we use your home address)
Name of Firm	Home Mailing Address
Mailing Address	City, State, Zip
City, State, Zip	County
County	Home Phone # ()
Business Phone # ()	Cell Phone # ()
E-mail Address	Company Website

2. EDUCATION:

A. Name and Location of College or University	Major Course	Dates	Degree Received



B. Name and Location of Technical or Other Schools					

**** TRANSCRIPT IS REQUIRED IF CREDIT IS TO BE GIVEN FOR EDUCATIONAL CREDIT.**

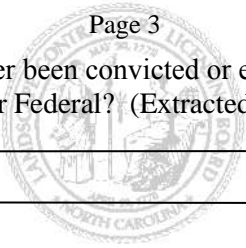
3. EXPERIENCE: List your experience record, starting with your present position and working back.

A. NAME AND ADDRESS OF EMPLOYER	FIRM: _____ Address _____ City _____ State _____ Zip _____ Telephone _____
NAME OF IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT	From _____ To _____ (Month, Day, Year) (Month, Day, Year)
NATURE OF WORK PERFORMED BY EMPLOYER	
YOUR SPECIFIC DUTIES	FULL TIME PART TIME HOURS PER WEEK

B. NAME AND ADDRESS OF EMPLOYER	FIRM: _____ Address _____ City _____ State _____ Zip _____ Telephone _____
NAME OF IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT	From _____ To _____ (Month, Day, Year) (Month, Day, Year)
NATURE OF WORK PERFORMED BY EMPLOYER	
YOUR SPECIFIC DUTIES	FULL TIME PART TIME HOURS PER WEEK

C. NAME AND ADDRESS OF EMPLOYER	FIRM: _____ Address _____ City _____ State _____ Zip _____ Telephone _____
NAME OF IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT	From _____ To _____ (Month, Day, Year) (Month, Day, Year)
NATURE OF WORK PERFORMED BY EMPLOYER	
YOUR SPECIFIC DUTIES	FULL TIME PART TIME HOURS PER WEEK

If necessary, please list additional work information on separate sheet and attach to application.



4. **CONVICTION OF CRIMES:** Have you ever been convicted or entered a plea of "Nolo Contendere" to any crime involving moral turpitude in any court, State or Federal? (Extracted from G.S. 89D-7)? ___ Yes ___ No. If yes, explain fully. _____

If necessary, please continue on separate sheet and attach to application.

5. **REFERENCES:** List two (2) **personal references with complete addresses**. It is desired that one reference be a registered landscape contractor. Do not include relatives or persons living outside the United States or its territories. (**may not be** the same as employer or client reference)

Name _____
Address _____
City, State, Zip _____
Telephone (_____) _____
Email _____

Name _____
Address _____
City, State, Zip _____
Telephone (_____) _____
Email _____

6. **CLIENT VERIFICATION:** If your experience is based on self-employment, list the names and address of three (3) clients who can attest to your work for them (that spans at least three years total):

Name _____
Address _____
City, State, Zip _____
Telephone (_____) _____
Email _____

Name _____
Address _____
City, State, Zip _____
Telephone (_____) _____
Email _____

Name _____
Address _____
City, State, Zip _____
Telephone (_____) _____
Email _____

IMPORTANT: Please include the original of your **individual surety bond (NCLCLB Form SB01) or irrevocable letter of credit, or a copy of the corporation bond you are covered under**, issued by an insured institution in the amount of \$10,000 as required by statute.

I am including a check for \$135.00 (*\$75 application fee and \$60 license certificate*) to NCLCLB or,
 Charge \$135.00 (*\$75 application fee and \$60 license certificate*) to my credit card.
 Visa MasterCard AMEX

Name on Card _____ Credit Card Number _____
Card Mailing Address _____ Expiration Date _____ CVV Code _____
City, State Zip _____ (3 digit number on back of card; 4 digit on front of AMEX)

I, the undersigned, hereby apply for a license, under the terms of Chapter 89-D of the General Statutes of North Carolina, and affirm the truth and accuracy of all statements and answers herein contained, with full knowledge of the fact that FALSE OR FRAUDULENT REPRESENTATION IS GROUNDS FOR SUSPENSION or REVOCATION OF A LICENSE CERTIFICATE.

(Signature of Applicant)
BE SURE APPLICATION IS PROPERLY SIGNED AND NOTARIZED. VERIFY THAT ALL QUESTIONS ARE FULLY ANSWERED AND INCLUDE \$135 PAYMENT (\$75 non refundable application fee and \$60 license certificate fee). Please make a copy of your application before sending original to NCLCLB.

Signature of Notary
Subscribed and sworn to before me this _____ Day of _____, 20____,
Notary Public in and for the County of _____
State of _____ (Affix Insurance Company Seal)
My Commission Expires: _____