



North Carolina Landscape Contractors' Licensing Board

PO Box 20875, Raleigh, NC 27619

T: 919-266-8070 / F: 919-782-9470

Reinstatement Payment Form for Individual License

Mail this form (RPF01), and reinstatement fee to: NCLCLB, PO Box 20875, Raleigh, NC 27619

Individual License Number: _____

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Preferred Mailing Address: _____ Home _____ Business	
Note: Preferred mailing address is used for mailings and is listed on website licensee directory.	
Home Mailing Address	Business Name
Home City, State, Zip	Business Mailing Address
Home County	Business City, State, Zip
Home Phone # ()	Business County
Cell Phone # ()	Business phone # ()
Home Email	Business Email

Payment Amount: \$100.00 (add \$25.00 if late fee required)

_____ Check payable to NCLCLB.

_____ Charge my credit card. Visa, MasterCard and AMEX accepted.

Name on Card

Credit Card Number

Card Mailing Address

Expiration Date

CVV Code

Cardholder Signature

3 digit number on back
of card. 4digit on front
of AMEX.

By signing this form, I certify the information provided above is true and accurate, and:

1. I attest that I have not engaged in the practice of landscape construction or contracting while my license has been revoked (lapsed).
2. My \$10,000 NC Landscape Contractor surety compliance bond or irrevocable letter of credit is current and will be kept continuously in force. (G.S.89D-16(a)(4)).
3. I have provided my current mailing address, phone, email and business information. (Rule 21 NCAC 28B.0204)
4. I have provided documentation regarding criminal convictions, if any, occurring since previous licensure. (Rule 21 NCAC 28B.0301)
5. I understand that I must complete 7 hours of CE (2 business, 3 technical (landscape) and the remaining 2 from either type) each renewal period (August 1 to July 31 of each year).

Signature of Licensee _____ Date _____