



**NC Landscape Contractors' Licensing Board**  
**PO Box 20875, Raleigh, NC 27619**  
**Individual License Renewal Application**  
**August 1, 2017 – July 31, 2018**

2017/2018  
IR01

To renew on-line, go to [www.nclclb.com](http://www.nclclb.com), select "Licensing", then "Individual License Renewal".  
 To renew by mail, mail this form and fee by August 1, 2017 to NCLCLB, PO Box 20875, Raleigh NC 27619

**Individual License Number:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Suffix)

Note below CHANGES only to your contact information. If your contact information has not changed, leave this section blank.

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

Attach course list sent to you with your Individual License Renewal document (PR01),  
 OR use this space to write in courses you have taken. Use back if needed.  
 DO NOT send Proof of Attendance Forms.

Course #	Hours	B/L*	Date	Course name

\*Technical/Landscape (L) Credits: \_\_\_\_\_ Business (B) Credits: \_\_\_\_\_ Total Credits: \_\_\_\_\_

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

1. My \$10,000 NCLC surety compliance bond or irrevocable letter of credit remains continuously in force. (G.S.89D-16(a)(4)).
2. I have completed 7 CE credit hours (at least 3 Landscape and 2 Business credits) between 8/1/2016 and 7/31/2017. (G.S. 89D-20).
3. I have provided all changes to 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).

**Signature of Licensee** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Payment Amount: \$60.00 (Add \$125.00 reinstatement & late fee if postmarked after 8/1/2017)**

Check payable to NCLCLB or  Credit card (Visa, MasterCard or AMEX)

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Mailing Address

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date CVV code Cardholder Signature

<b>Office use:</b>
Postmark _____
Date Rec'd _____
CE _____
Fee _____
Date Pd _____
Ck # _____