



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

2017/2018
RA01

To reinstate on-line, go to www.nclclb.com, select "Licensing", then "Individual License Reinstatement".
To reinstate by mail, mail this form and fee 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 |

Send copies of your Proof of Attendance forms with this application. Keep your original Proof of Attendance forms in a safe place in the event of an audit. If you did not receive Proof of Attendance forms(s), contact the course provider.

| Course # | Hours | B/L* | Date | Course name |
|----------|-------|------|------|-------------|
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***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). (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: \$185.00 (\$60.00 license fee, \$25.00 late fee + \$100.00 reinstatement fee)

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

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|--------------------|
| Office use: |
| Postmark _____ |
| Date Rec'd _____ |
| CE _____ |
| Fee _____ |
| Date Pd _____ |
| Ck # _____ |