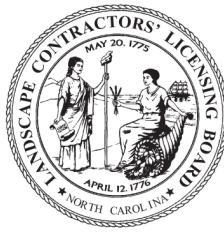


# Reciprocity Application



## North Carolina Landscape Contractors' Licensing Board

P.O. Box 20875  
 Raleigh, NC 27619  
 919.266.8070  
 www.nclclb.com

**(DO NOT WRITE IN THIS SPACE)**

Application received \_\_\_\_\_  
 Bond received \_\_\_\_\_  
 Application Fee Paid \_\_\_\_\_  
 Accepted/Rejected \_\_\_\_\_  
 License Fee Paid \_\_\_\_\_  
 License No. \_\_\_\_\_

To be eligible for consideration to be approved by reciprocity, the applicant must:

- (1) Be at least 18 years of age
- (2) Be of good moral character
- (3) Submit Application and Reciprocity License Fee
- (4) Submit an original, signed, \$10,000 NC Landscape Contractor's Surety Compliance Bond (form SB01), purchased from an insurance company, or an Irrevocable Letter of Credit from a financial institution with this application.
- (5) Submit a legible copy of current license (certification)

\_\_\_\_\_  
 (First Name)      (Middle Name)      (Last Name)      (Suffix, *Ex. Jr, III*)      (Date of Birth) (Mo/Day/Yr)

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(Required by the State of North Carolina)**  
 NC State Law G.S. 93B-12, (a)(3)

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

Licensing/Certifying State**	Certification Expire Date	License Number
List other state(s) where reciprocal license is held	Certification Test Date	State where exam was taken
Category Numbers		
Category descriptions		



1. **PERSONAL REFERENCES:** Please submit three (3) letters from **personal references with complete contact information including Name, Address, City, State, Zip, Telephone Number with area code and Email address.** Do not include relatives or persons living outside the United States or its territories. (**May not be the same as professional references.**) **\*\* [Have references put letter in a sealed envelope and sign their name over the back flap.] \*\***

2. **PROFESSIONAL REFERENCES:** Please submit two (2) letters from **professional references with complete contact information, including Name, Address, City, State, Zip, telephone number with area code and Email address.** (*Ex. Licensed Landscape Contractor; Employer, Past Employer, Clients*) Do not include relatives or persons living outside the United States or its territories. (**May not be the same as personal references.**) **\*\* [Have references put letter in a sealed envelope and sign their name over the back flap.] \*\***

3. **CONVICTION OF CRIMES:** Have you, as applicant, ever been disciplined in any jurisdiction where you are currently or have been licensed, certified, or registered or have you committed any acts that would constitute a violation under NC General Statute: G.S. 89D-22? (*Extracted from G.S. 89D-22*) \_\_\_\_ Yes \* \_\_\_\_ No.

\* If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4. **DISCIPLINARY HISTORY:** Do you have any disciplinary history with any other occupational licensing, registration or certification board or agency? \_\_\_\_ Yes\* \_\_\_\_ No

\* If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Mandatory:**

Application Fee **\$75.00**  
(*Application fee is non-refundable*)

Reciprocity License Fee **\$100.00**

**TOTAL: \$ 175.00**

I am including a check for \$\_\_\_\_\_ to NCLCLB or,

Charge \$\_\_\_\_\_ to my credit card.

Visa       MasterCard       AMEX

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

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Code  
(3 digit number on  
back of card; 4 digit  
on front of AMEX)

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature



**I, the undersigned, hereby apply for licensure by reciprocity, 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 DENIAL, SUSPENSION or REVOCATION OF A LICENSE CERTIFICATE if issued.**

*(Note: NC General Statute Chapter 89-D may be found on the nclclb.com website under "Laws and Enforcement" tab)*

<p>_____</p> <p style="text-align: center;"><b>(Print Applicant Name )</b></p> <p>_____</p> <p style="text-align: center;"><b>(Signature of Applicant)</b></p> <p>BE SURE APPLICATION IS PROPERLY SIGNED AND NOTARIZED. VERIFY THAT ALL SECTIONS ARE FULLY ANSWERED AND INCLUDE PAYMENT</p>	<p>_____</p> <p style="text-align: center;"><b>(Signature of Notary)</b></p> <p>Subscribed and sworn to before me this _____ Day of _____, 20____</p> <p>Notary Public in and for the County of _____</p> <p>State of _____</p> <p>My Commission Expires: _____</p> <p style="text-align: center;">(Affix Notary Seal)</p>
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***Please make a copy of your application and bond, before sending the originals to NCLCLB.***

***Mail your application, original (signed) bond (NOT Copy) and fee to:***

**NCLCLB  
PO Box 20875  
Raleigh, NC 27619**

**Check List:**

- Original Surety Bond (signed by applicant and surety bond attorney or authorized agent)
- Surety Bond Power of Attorney form
- \*\*Enclosed legible copy of current license (certification)
- Enclosed non-refundable application fee and Reciprocity License Fee (\$75 + \$100)