

Reciprocity Application



2017/2018
RAF02

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 (formSB01), 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)

Home Address (required): (This address issued on the website directory and to correspond with you unless you check your business as the preferred address.)	Business Name and Address (if any): <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
E-mail Address	Business E-Mail Address

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



REQUIRED VERIFICATION (you must check a box): On behalf of the applicant/licensee, I certify that I have read and understand the "public notice statement" maintained by the N.C. Industrial Commission, Employee Classification Section on their website. Further, the applicant/licensee has /has not been investigated for employee misclassification within the past twelve (12) months.

Signature

Date

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)

(Print Applicant Name)

(Signature of Applicant)

BE SURE APPLICATION IS PROPERLY SIGNED AND NOTARIZED. VERIFY THAT ALL SECTIONS ARE FULLY ANSWERED AND INCLUDE PAYMENT

(Signature of Notary)

Subscribed and sworn to before me this _____ Day of _____, 20____

Notary Public in and for the County of _____

State of _____

My Commission Expires: _____

(Affix Notary Seal)

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)
- Verified and signed *Employee Classification* Statement
- Surety Bond Power of Attorney form
- **Enclosed legible copy of current license (certification)
- Enclosed non-refundable application fee and Reciprocity License Fee (\$75 + \$100)