



NC Landscape Contractors' Licensing Board

P.O. Box 20875, Raleigh, NC 27619

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

licensing@nclclb.com

Please read the instructions carefully, and fill out the application completely, before mailing to our office.

Note that all applications **MUST** be notarized, sent with payment of the non-refundable \$75.00 application fee, and the ORIGINAL NC Landscape Contractor's surety compliance bond with the bond power of attorney page, or irrevocable letter of credit.

The NC Landscape Contractor surety compliance bond (SB01) is on the same web page as the application. The insurance agent that you purchase your bond from should use this form to create your bond.

Please be sure that all application information is correct and legible. Include with your application the three (3) personal reference letters and two (2) professional reference letters as instructed on the application.

The NC Landscape Contractors' Licensing Board will review your completed, signed and notarized application, signed surety bond with the power of attorney page or irrevocable letter of credit, fee, and reference responses. Upon approval, you will be notified that you are eligible to take the exam. The exam fee is \$150.00 and is due when you schedule your exam. Once you pass the exam, you will be notified and the \$60.00 licensing fee will be due at that time.

The information on the test is drawn from three different professional manuals. These manuals are available online at:

<https://nclclb.com/licensing-2/manuals/>

Please contact the NCLCLB office if you have any questions.

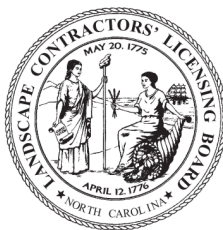
Sincerely,

Calvin M. Kirven
Executive Administrator

Application Check List which may be helpful:

- Notarized Application (Completely and accurately filled out)
- You must attest that you have read and understand the Public Notice Statement on Page 3
- ORIGINAL surety bond (SB01) with original seal, or irrevocable letter of credit from a banking institution. If submitting a surety bond, please be sure:
 - You, or the Principal License Holder, have signed the bond
 - Send the original bond (not a copy) with the Power of Attorney Page
- 3 personal references in sealed envelope, signed on the back flap (per application instructions #1)
- 2 professional references in sealed envelope, signed on the back flap (per application instructions #2)
- \$75 Application fee

North Carolina
Landscape Contractors' License
Exam Application



P.O. Box 20875
Raleigh, NC 27619
919.266.8070

(DO NOT WRITE IN THIS SPACE)

Application received _____
Bond received _____
Application Fee Paid _____
Accepted/Rejected _____
Exam Fee Paid _____

Date of Exam _____
Date Passed _____
License Fee Paid _____
License No. _____

To be eligible for consideration to be approved to take the Exam for licensure, the applicant must:

- (1) Be at least 18 years of age
- (2) Be of good moral character
- (3) Submit Application and Application 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.

(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)**

Home Address (required): (This address is used 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

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 ever been convicted or entered a plea of "Nolo Contendere" to any crime involving moral turpitude in any court, State or Federal? (Extracted from G.S. 89D-7)? ___ 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 Only **\$75.00**
(Application fee is non-refundable)

Optional

Landscape (3) Manual Set *
Includes:
• Business Law and Project Management
• Landscape Construction
• Horticulture Manual (Plant ID)

(3) Manual Set **\$215.00**
Shipping & Handling **20.00**
Tax **17.04**
\$ 252.04

Manual Total: \$ _____

Application (and manual order)
TOTAL: \$ _____

<input type="checkbox"/> I am including a check for \$ _____ to NCLCLB or,		
<input type="checkbox"/> Charge \$ _____ to my credit card.		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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		

* (Individual manuals can be ordered directly from the printer at www.nclclb.com)



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 examination for licensure, 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.

(Print Applicant Name)

(Signature of Notary)

(Signature of Applicant)

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

Notary Public in and for the County of _____

State of _____

My Commission Expires: _____

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

(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**