



NC Landscape Contractors' Licensing Board
PO Box 20875, Raleigh, NC 27619
Individual License
Renewal Application
August 1, 2018 – July 31, 2019

2018/2019
IR01

To renew on-line, go to www.nclclb.com, select "Licensing", then "Individual License Renewal".
To renew 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

List CE courses you have taken between August 1, 2017 and July 31, 2018 below or attach course list.
Do NOT send Proof of Attendance Forms. Keep them for 2 years in your records in case of audit.

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). (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).
5. **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 of Licensee _____ **Today's Date** _____

Pursuant to GS 143-765, you are required to certify that you have read and understand the statements above. IF YOU FAIL TO CERTIFY as instructed, the Board CANNOT approve your application for a license.

Payment Amount: \$60.00 (Add \$125.00 reinstatement and late fee if postmarked after 8/1/2018)

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

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