



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

**2018/2019**  
RA02

**To reinstate on-line**, go to [www.nclclb.com](http://www.nclclb.com), select "Licensing", then "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, contact the course provider.

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.

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

**Signature of Licensee** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Payment amount: \$60.00 (Add \$125.00 reinstatement and late fee if postmarked after 8/01/2018).

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 # \_\_\_\_\_