North Carolina Landscape Contractors’ Licensing Board
PO Box 20875, Raleigh, NC 27619
T: 919-266-8070 / F: 919-782-9470

Reinstatement Payment Form for Individual License

Mail this form (RPF02), and reinstatement fee to: NCLCLB, PO Box 20875, Raleigh, NC 27619

Individual License Number: ________

Name: _______________________________________________________________________

(First Name)              (Middle Name)              (Last Name)                (Suffix)

Preferred Mailing Address: ____ Home  _____ Business

Note: Preferred mailing address is used for mailings and is listed on website licensee directory.

<table>
<thead>
<tr>
<th>Home Mailing Address</th>
<th>Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home City, State, Zip</td>
<td>Business Mailing Address</td>
</tr>
<tr>
<td>Home County</td>
<td>Business City, State, Zip</td>
</tr>
<tr>
<td>Home Phone # (       )</td>
<td>Business County</td>
</tr>
<tr>
<td>Cell Phone # (       )</td>
<td>Business phone # (       )</td>
</tr>
<tr>
<td>Home Email</td>
<td>Business Email</td>
</tr>
</tbody>
</table>

Payment Amount: $100.00 (add $25.00 if late fee required)

_____ Check payable to NCLCLB.

_____ Charge my credit card. Visa, MasterCard and AMEX accepted.

Name on Card                                                                                          Credit Card Number

Card Mailing Address                                                                              Expiration Date             CVV Code

3 digit number on back of card. 4 digit on front of AMEX.

Cardholder Signature

By signing this form, I certify the information provided above is true and accurate, and:

1. I attest that I have not engaged in the practice of landscape construction or contracting while my license has been revoked (lapsed).
2. My $10,000 NC Landscape Contractor surety compliance bond or irrevocable letter of credit is current and will be kept continuously in force. (G.S.89D-16(a)(4)).
3. I have provided 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. I understand that I must complete 7 hours of CE (2 business, 3 technical (landscape) and the remaining 2 from either type) each renewal period (August 1 to July 31 of each year).
6. 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______________________________ _________      Date ___________