



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. | |
| 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 |

| | | |
|--|--------------------------|---|
| 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. 4digit 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 I attest that I have not engaged in the practice of landscape construction or contracting while my license has been revoked (lapsed).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** _____