



NC Landscape Contractors' Licensing Board
PO Box 20875, Raleigh, NC 27619
Individual License
Reinstatement Application
August 1, 2020 – July 31, 2021

2020/2021
RA03

To reinstate on-line, go to 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)

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

For this renewal year only, CE reporting is not required. Temporary rule (21 NCAC 28B .0406, effective 4/20/2020) was adopted due to the covid-19 pandemic. This temporary rule extends the CE requirement to licensing year ending July 31, 2021. Any CE credits accrued from August 1, 2019 - July 31, 2020 will be applied to the licensing year August 1, 2020 – July 31, 2021. Therefore, a total of 7 credits (including 3 landscape/technical and 2 business) will be required for the 2-year period August 1, 2019 – July 31, 2021.

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 understand CE reporting is not required with this form, and will be reported with renewal for 2021-2022. Further, I understand that I will keep in my personal records all Proof Of Attendance forms for at least 2 years following the renewal date the CEs were reported.
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: \$185.00 (\$60.00 renewal fee, \$100.00 reinstatement fee, \$25.00 late fee)

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 _____

Fee _____

Date Pd _____

Ck # _____

IMPORTANT: Did you sign this form and check a box on question 5? Incomplete forms will not be processed.