



**NC Landscape Contractors' Licensing Board**

P.O. Box 20875, Raleigh, NC 27619

T: 919-266-8070/ F: 919-782-9470

[landscape.licensing@nclclb.com](mailto:landscape.licensing@nclclb.com)

Please read the instructions carefully, and fill out the application completely, before mailing to our office.

Note that all applications **MUST** be notarized, sent with payment of the non-refundable \$75.00 application fee, and the ORIGINAL NC Landscape Contractor's surety compliance bond with the bond power of attorney page, or irrevocable letter of credit.

The NC Landscape Contractor surety compliance bond (SB01) is on the same web page as the application. The insurance agent that you purchase your bond from should use this form to create your bond.

Please be sure that all application information is correct and legible. Include with your application the three (3) personal reference letters and two (2) professional reference letters as instructed on the application.

The NC Landscape Contractors' Licensing Board will review your completed, signed and notarized application, signed surety bond with the power of attorney page or irrevocable letter of credit, fee, and reference responses. Upon approval, you will be notified that you are eligible to take the exam. The exam fee is \$150.00 and is due when you schedule your exam. Once you pass the exam, you will be notified, and the \$100.00 licensing fee will be due at that time.

The information on the test is drawn from three different professional manuals. These manuals are available online at:

<https://nclclb.com/licensing-2/manuals/>

Please contact the NCLCLB office if you have any questions.

Sincerely,

Calvin M. Kirven  
Executive Administrator

Application Check List which may be helpful:

- Notarized Application (Completely and accurately filled out)
- You must attest that you have read and understand the Public Notice Statement on Page 3
- ORIGINAL surety bond (SB01) with original seal, or irrevocable letter of credit from a banking institution. If submitting a surety bond, please be sure:
  - You, or the Principal License Holder, have signed the bond
  - Send the original bond (not a copy) with the Power of Attorney Page
- 3 personal, signed, reference letters in sealed envelope, signed on the back flap (per application instructions #1)
- 2 professional, signed, references in sealed envelope, signed on the back flap (per application instructions #2)
- \$75 Application fee

***Note:*** Because your bond is dated, and you must take and pass the 3-part exam within one year of your application approval, you may wish to submit your application when you are ready to take the exam, so your bond will not expire before you are licensed.



**North Carolina**

**Landscape Contractors' License Exam Application**

P.O. Box 20875  
 Raleigh, NC 27619  
 919.266.8070

To be eligible for consideration to be approved to take the Exam for licensure, the applicant must:

- (1) Be at least 18 years of age.
- (2) Be of good moral character.
- (3) Submit Application and Application Fee.
- (4) Submit an **original**, signed, \$10,000 NC Landscape Contractor's Surety Compliance Bond (form SB01), purchased from an insurance company, or an Irrevocable Letter of Credit from a financial institution with this application.

Note: If approved, you will need to show a State issued Driver's License, or State issued ID, or a current US Passport on the day you take the exam.

**(DO NOT WRITE IN THIS SPACE)**

Application received \_\_\_\_\_  
 Bond received \_\_\_\_\_  
 Application Fee Paid \_\_\_\_\_  
 Accepted/Rejected \_\_\_\_\_  
 Exam Fee Paid \_\_\_\_\_

Date of Exam \_\_\_\_\_  
 Date Passed \_\_\_\_\_  
 License Fee Paid \_\_\_\_\_  
 License No. \_\_\_\_\_

\_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Suffix, Ex. Jr, III) (Date of Birth) (Mo/Day/Yr)

SOCIAL SECURITY NUMBER \_\_\_\_\_ - - **(Required by the State of North Carolina)**

- U. S. Military (active) or Military Veteran.
- U. S. Military or Military Veteran with relevant military occupational specialty (MOS) having engaged in the active practice for at least two of the five years.
- Spouse of active member of the U.S. Military or Military veteran.

<b>Home Address (required):</b> (This address is used on the website directory and to correspond with you unless you check your business as the preferred address.)	<b>Business Name and Address (if any):</b> <input type="checkbox"/> Check here if you prefer that we use your business address as your preferred mailing address.
Home Mailing Address	Name of Firm
City, State, Zip	Mailing Address
County	City, State, Zip <span style="float: right;">County</span>
Home Phone # ( )	Business Phone # ( )
Cell Phone # ( )	Company Website
<b>E-mail Address</b>	<b>Business E-Mail Address</b>

1. **PERSONAL REFERENCES:** Please submit three (3) signed **personal references letters with complete contact information including Name, Address, City, State, Zip, telephone number with area code and Email address.** Do not include relatives or persons living outside the United States or its territories. (**May not be** the same as professional references.) **\*\* [Have references put letter in a sealed envelope and sign their name over the back flap.] \*\***



2. **PROFESSIONAL REFERENCES:** Please submit two (2) **professional signed references letters with complete contact information, including Name, Address, City, State, Zip, telephone number with area code and Email address.** (Ex. *Licensed Landscape Contractor; Employer, Past Employer, Clients*) Do not include relatives or persons living outside the United States or its territories. (**May not be** the same as personal references.)

**\*\* [Have references put letter in a sealed envelope and sign their name over the back flap.] \*\***

3. **CONVICTION OF CRIMES:** Have you ever been convicted or entered a plea of “Nolo Contendere” to any crime involving moral turpitude in any court, State or Federal? (Extracted from G.S. 89D-7)? \_\_\_ Yes \* \_\_\_ No.

\* If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If necessary, please continue on separate sheet and attach to application.

- Pursuant to G.S. 89D-16(a)(2), the Board requests all applicants provide information regarding criminal convictions. If an applicant provides information regarding criminal convictions, the Board will consider all factors set out in G.S. 93B-8.1(b1) prior to making a decision on the application.
  - During the application review, if the Board believes the criminal conviction is relevant, the Board will notify the applicant in writing that because of the nature of the conviction(s), it could result in a denial; and
  - The Board will notify the applicant that he/she has 30 days to provide additional documentation if he/she chooses (e.g. mitigating or rehabilitation info, explanations, etc.)
- If your application is denied by the Board, your appeal rights under G.S. 150B are as follows:
  - If you receive a notice of denial, you have 60 days to appeal the Board’s decision. Your appeal must be in writing and addressed to the Board at the address set out in 21 NCAC 28B .0101.
  - If the Board conducts a hearing and issues a Final Decision denying your application, you have 30 days to petition for judicial review pursuant to G.S. 150B-42

4. **Disciplinary History:** Do you have any disciplinary history with any occupational licensing, registration or certification board or agency? \_\_\_ Yes\* \_\_\_ No

\* If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If necessary, please continue on separate sheet and attach to application.



**Mandatory:**

Application Fee Only **\$75.00**  
(Application fee is non-refundable)

**Optional**

Landscape (3) Manual Set \*  
Includes:  
• Business Law and Project Management  
• Landscape Construction  
• Horticulture Manual (Plant ID)

(3) Manual Set \$255.74  
Shipping & Handling 23.00  
Tax 20.21  
**\$ 298.95**

**Manual Total:** \$ \_\_\_\_\_

Application (and manual order)  
**TOTAL:** \$ \_\_\_\_\_

\* (Individual manuals can be ordered directly from the printer at [www.nclclb.com](http://www.nclclb.com))

I am including a check for \$ \_\_\_\_\_ to NCLCLB or,

Charge \$ \_\_\_\_\_ to my credit card.

Visa       MasterCard       AMEX

\_\_\_\_\_

Credit Card Number      Expiration Date      CVV Code  
(3 digit number on back of card; 4 digit on front of AMEX)

\_\_\_\_\_

Name on Card

\_\_\_\_\_

Card Mailing Address

\_\_\_\_\_

City      State      Zip

\_\_\_\_\_

Signature

**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

\_\_\_\_\_  
Date

**I, the undersigned, hereby apply for examination for licensure, under the terms of Chapter 89-D of the General Statutes of North Carolina, and affirm the truth and accuracy of all statements and answers herein contained, with full knowledge of the fact that FALSE OR FRAUDULENT REPRESENTATION IS GROUNDS FOR DENIAL, SUSPENSION or REVOCATION OF A LICENSE CERTIFICATE if issued. I also understand that I must take and pass the exam within one year of approval of my application.**

\_\_\_\_\_  
(Print Applicant Name)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

BE SURE APPLICATION IS PROPERLY SIGNED AND NOTARIZED. VERIFY THAT ALL SECTIONS ARE FULLY ANSWERED AND INCLUDE PAYMENT

(Affix Notary Seal)

**➔ Please make a copy of your application and bond, before sending the originals to NCLCLB.**  
**➔ Mail your application, original (signed) bond (NOT Copy) and fee to:**

**NCLCLB, PO Box 20875, Raleigh, NC 27619**