

## NC Landscape Contractors' Licensing Board PO Box 20875, Raleigh, NC 27619 Individual License Renewal Application

2025/2026 IR01

Renewal Application
August 1, 2025 – July 31, 2026

## Renew on-line easily and instantly using the NCLCLB Licensee Web Portal:

Name:

- Go to www.nclclb.com. Select "Licensing" then "Individual License Renewal". Click "Renew Here".
- Login with your unique user ID and password, which have been mailed and emailed to you.
- The licensee portal allows you to <u>view your CE credits that have been reported by course providers</u>. If the CE requirement has been recorded as met, you'll be able to proceed with your renewal.
- After you have successfully renewed, you can instantly see your updated license renewal status.

## If renewing by mail:

**Individual License Number:** 

Preferred Mailing Address

- Complete this form and mail with fee to NCLCLB, PO Box 20875, Raleigh NC 27619.
- Attach copies of your Proof of Attendance forms. Keep the originals for your records. See CE Reporting below.
- → CE reporting: You can check your CE credits on the NCLCLB web portal and easily renew on-line. If the CE requirement shows incomplete, contact the course provider who is required to report attendance to the Board. If renewing by mail, attach your Proof of CE Attendance forms. If you do not have your CE forms, contact the course provider.

(First Name)

Note below CHANGES only to your contact information. If your contact information has not changed, leave this section blank.

(Middle Name)

Business Name

(Last Name)

(Suffix)

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| Preferred Mailing City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | Business Location Address (appears on NCLCLB website)                                                                                                                                                        |                                                                             |  |
| Preferred Mailing County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | Business City, State, Zip                                                                                                                                                                                    |                                                                             |  |
| Preferred Phone # ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | Business County                                                                                                                                                                                              |                                                                             |  |
| Cell Phone # ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | Business Phone # ( )                                                                                                                                                                                         | Business Phone # ( )                                                        |  |
| Preferred Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Business Email                                                                                                                                                                                               | Business Email                                                              |  |
| Is this preferred address (ab<br>Yes No_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ove) also your home address?                                                                           |                                                                                                                                                                                                              |                                                                             |  |
| By signing this form, I cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ify the information provided a                                                                         | bove is true and accurate, and:                                                                                                                                                                              |                                                                             |  |
| → 5. REQUIRED VERIFICAT the "public notice stateme Further, the applicant/lice Signature of Licensee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TON (you must check a box): On bent" maintained by the N.C. Industrinsee ☐ has/☐ has not been investig | as, if any, occurring since previous licensure. (pehalf of the applicant/licensee, I certify that I al Commission, Employee Classification Sectigated for employee misclassification within the Today's Date | have read and understand tion on their website. he past twelve (12) months. |  |
| Pursuant to NCGS 143-765, you are required to certify by signature that you have read and understand the statement of the Sta |                                                                                                        |                                                                                                                                                                                                              |                                                                             |  |
| Payment Amount: \$100.00 (non-refundable) If postmarked after 8/1/2025: \$225.00 (\$100 Reinstatement, \$100 License Fee, \$25.00 Late Fee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                                                                                              | Office use:  Postmark                                                       |  |
| ☐ Check payable to NCLCLB or ☐ Credit card (Visa, MasterCard or AMEX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                                                                                                                                                              | Date Rec'd                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                                                                                                                              | Fee                                                                         |  |
| Name on Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Card Mailing Address                                                                                   |                                                                                                                                                                                                              | Date Pd                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                                                                                                                              | Ck #                                                                        |  |
| Credit Card Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Expiration Date CVV code                                                                               | Cardholder Signature                                                                                                                                                                                         |                                                                             |  |
| <b>IMPORTANT: Did you check a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | box on Question 5 and sign this form                                                                   | ? Incomplete forms will not be processed by law                                                                                                                                                              | W.                                                                          |  |