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P.O. Box 18727
Raleigh, NC 27619-8727

WEB SITE
www.ncbeec.org

STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

MEMORANDUM

TO: GEORGIA LICENSEES

FROM: NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

SUBJECT: APPLYING FOR NORTH CAROLINA LOW VOLTAGE CONTRACTING LICENSE

Enclosed is the application packet for your use in applying for a North Carolina low voltage contracting license pursuant to the North Carolina State Board of Examiners of Electrical Contractors' resolution establishing waiver of examination for eligible Georgia licensees.

We are also enclosing a booklet containing the laws applicable to electrical contracting in North Carolina and the Board's rules (Title 21 NCAC 18B) for the implementation of the electrical contracting licensing laws in North Carolina.

After carefully studying all of this information, please submit your completed application, together with the additional required information as enumerated on the back of the application form, to: STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS, Post Office Box 18727, Raleigh, NC 27619.

You are hereby advised that until your firm has obtained a license from this Board, it is unlawful for it to engage or offer to engage in the business of electrical contracting in the State of North Carolina as defined in N.C.G.S. 87-43.

Please let us know if we can assist you in any way.

RLBJr:eds

Enclosures

GA LOW VOLTAGE

**GEORGIA RECIPROCITY
APPLICATION FOR NORTH CAROLINA LOW VOLTAGE ELECTRICAL CONTRACTING LICENSE**

MAIL TO: STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
P. O. BOX 18727, RALEIGH, NC 27619

TELEPHONE: 919/715-7604
\$60.00 ANNUAL LICENSE FEE

IMPORTANT: SEE INFORMATION ON BACK OF THIS APPLICATION

1. LICENSE NAME (MUST BE EXACT NAME IN WHICH ELECTRICAL CONTRACTING BUSINESS WILL BE CONDUCTED IN NORTH CAROLINA):

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

LOCATING ADDRESS (IF OTHER THAN MAILING ADDRESS): _____

PHONE NUMBER: BUSINESS (_____) _____ - _____ HOME (_____) _____ - _____ (QUALIFIED AGENT)

FAX NUMBER: (_____) _____ - _____ EMAIL (QUALIFIED AGENT) _____

2. CHECK APPLICABLE BLANK TO INDICATE THE NATURE OF YOUR BUSINESS AND GIVE NAME OF OWNER (IF SOLE PROPRIETORSHIP), NAMES OF PARTNERS (IF A PARTNERSHIP), NAMES AND TITLES OF OFFICERS (IF A CORPORATION), OR NAMES OF MEMBERS (IF A LIMITED LIABILITY COMPANY): SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY

3. HOW DO YOU PLAN TO CONDUCT AN ELECTRICAL CONTRACTING BUSINESS? FULL-TIME PART-TIME?

4. PLEASE PRINT CLEARLY OR TYPE THE **FULL NAME AND SOCIAL SECURITY NUMBER** OF EACH QUALIFYING AGENT TO BE LISTED ON YOUR LICENSE WHO HAS TAKEN AND PASSED THE NORMALLY REQUIRED WRITTEN QUALIFYING EXAMINATION IN THE LOW VOLTAGE CLASSIFICATION ADMINISTERED BY THE GEORGIA CONSTRUCTION INDUSTRY EXAMINING BOARD AND HAVE EACH SUCH PERSON PLACE HIS SIGNATURE IN THE SPACE PROVIDED BELOW:

<u>FULL NAME</u>	<u>SIGNATURE</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>
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5. HAS THE OWNER (IF A SOLE PROPRIETORSHIP), ANY PARTNER (IF A PARTNERSHIP), ANY OFFICER (IF A CORPORATION), ANY MEMBER (IF A LIMITED LIABILITY COMPANY), OR ANY QUALIFIED INDIVIDUAL BEEN CONVICTED OF A CRIME, OR IS ANY SUCH PERSON PRESENTLY SERVING OR HAS HE/SHE COMPLETED ANY PERIOD OF INCARCERATION, PROBATION OR PAROLE DURING THE LAST 3 YEARS FOR ANY FELONY, OR DURING THE PAST YEAR FOR ANY MISDEMEANOR (EXCLUDING MINOR TRAFFIC VIOLATIONS)? YES NO IF YES, EXPLAIN ON REVERSE SIDE OF THIS FORM AND PROVIDE A COPY OF THE COURT JUDGMENT. IF A COPY OF THE COURT JUDGMENT WAS PREVIOUSLY SUBMITTED, INITIAL HERE _____ AND **DO NOT RE-SUBMIT**.

6. I/WE UNDERSTAND AND AGREE TO BE GOVERNED BY THE ELECTRICAL CONTRACTING LAWS AS CONTAINED IN CHAPTER 87, ARTICLE 4, OF THE GENERAL STATUTES OF NORTH CAROLINA, AND BY THE RULES AND REGULATIONS ADOPTED BY THE STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS OF NORTH CAROLINA.

SIGNATURE OF APPLICANT

TITLE (OWNER, PARTNER, OFFICER, MEMBER)

7. METHOD OF PAYMENT: CHECK MONEY ORDER VISA MASTERCARD

CARD# _____ EXP. DATE _____

NAME ON CARD _____ SIGNATURE _____

(DO NOT WRITE BELOW THIS LINE - FOR BOARD USE ONLY)

LICENSE # _____ SP-LV EFFECTIVE DATE _____ BATCH/RECEIPT# _____

SCREENED (NASCLA DATABANK) _____ APPROVAL BY _____ DATE _____

GA LOW VOLTAGE

IMPORTANT – READ CAREFULLY
REQUIREMENTS FOR NORTH CAROLINA LOW VOLTAGE ELECTRICAL CONTRACTING

Pursuant to the resolution establishing waiver of examination for eligible Georgia licensees duly adopted by the North Carolina STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS, a North Carolina low voltage electrical contracting license will be issued to an eligible Georgia licensee provided such licensee duly files an application with the North Carolina State Board of Examiners of Electrical Contractors, together with the following required information:

1. Age of qualifying agent(s) must be at least eighteen (18) years as certified by date of birth shown on front side of application.
2. Statement from the Georgia Construction Industry Licensing Board certifying that the applicant holds a current Georgia electrical contracting license issued by that Board, and that each qualifying agent listed on this application has taken and passed the normally required written qualifying examination in the low voltage classification administered by the Georgia Board; and further certifying that said license was not issued on the basis of any agreement between the Georgia Board and any other state. Applicant should complete the first section of the enclosed **GEORGIA BOARD FORM** and forward it to the Georgia Construction Industry Licensing Board to be completed.
3. Statements from two responsible persons attesting to each qualifying agent's good moral character (two **CHARACTER FORMS** enclosed).
4. Check or money order in the amount of **\$60.00** for the annual license fee payable to the North Carolina State Board of Examiners of Electrical Contractors.
5. **CORPORATIONS/LIMITED LIABILITY COMPANIES:** You must be registered with the **NORTH CAROLINA** Secretary of State before the Board can issue a license. Each corporation or limited liability company must obtain a **certificate of authority** from the **NORTH CAROLINA** Secretary of State (919) 807-2225.

NOTICE OF PENALTY FOR SUBMITTAL OF BAD CHECK

Pursuant to Rule .0107 of Title 21, Chapter 18B, of the North Carolina Administrative Code, any person, firm or corporation submitting a check to the Board which is subsequently returned because of insufficient funds or no account in bank will be charged the maximum processing fee allowed by G.S. 25-3-512 for processing such check; and, until the payor has made the check good and paid the prescribed processing fee, the payor will not be eligible to take an examination, review an examination, obtain a license or have a license renewed. Payment to the Board for making good such bad check and for the prescribed processing fee must be in the form of a cashier's check or money order.

GEORGIA BOARD FORM

TO: APPLICANT FOR NORTH CAROLINA LOW VOLTAGE CONTRACTING LICENSE PURSUANT TO THE NORTH CAROLINA-GEORGIA RECIPROCAL LICENSING AGREEMENT

Please complete **SECTION A** below and then forward this form to the Georgia Construction Industry Licensing Board, 237 Coliseum Drive, Macon, GA 31217-3858 for completion of **SECTION B**.

SECTION A (PLEASE TYPE OR PRINT CLEARLY)

CURRENT GEORGIA LOW VOLTAGE CONTRACTING LICENSE # _____

EXACT NAME IN WHICH CURRENT GEORGIA STATE LOW VOLTAGE CONTRACTING LICENSE IS ISSUED:

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

(QUALIFIED AGENT) _____ DATE OF BIRTH _____

THE UNDERSIGNED HEREBY AUTHORIZES THE GEORGIA CONSTRUCTION INDUSTRY EXAMINING BOARD TO FURNISH THE NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS THE INFORMATION REQUESTED BELOW.

SIGNATURE OF APPLICANT TITLE DATE

SECTION B (THIS SECTION IS TO BE COMPLETED BY THE GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD)

LICENSE ISSUED TO: _____

LICENSE # _____ CLASSIFICATION(S) _____

ORIGINAL LICENSE ISSUE DATE: _____ CURRENT EXPIRATION DATE: _____

EXACT NAME AND SOCIAL SECURITY NUMBER OF EACH PERSON WHO HAS INDIVIDUALLY QUALIFIED FOR SAID GEORGIA LICENSE BY HAVING TAKEN AND PASSED THE NORMALLY REQUIRED QUALIFYING EXAMINATION ADMINISTERED BY THE GEORGIA BOARD, TOGETHER WITH THE DATE EACH SUCH PERSON PASSED SAID EXAMINATION:

<u>NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE QUALIFIED BY EXAMINATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WAS THIS LICENSE ISSUED PURSUANT TO ANY AGREEMENT BETWEEN THE GEORGIA BOARD AND ANY OTHER STATE?
YES _____ NO _____

IS SAID GEORGIA LICENSEE UNDER INVESTIGATION BY THE GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD FOR ANY IMPROPER CONDUCT OR ACTIVITY AS A LICENSEE? YES _____ NO _____ IF **YES**, PLEASE STATE PARTICULARS ON OTHER SIDE OF THIS FORM.

SIGNATURE TITLE DATE

THE INFORMATION REQUESTED ABOVE IS STRICTLY OF A CONFIDENTIAL NATURE AND BECOMES THE PROPERTY OF THE NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS TO BE USED SOLELY IN DETERMINING THE ELIGIBILITY OF THE APPLICANT FOR A NORTH CAROLINA ELECTRICAL CONTRACTING LICENSE PURSUANT TO THE NORTH CAROLINA-GEORGIA RECIPROCAL LICENSING AGREEMENT.

**SIGNED ORIGINAL MUST BE SUBMITTED TO THIS BOARD
PHOTO-COPY OR FAX COPY WILL NOT BE ACCEPTED**

CHARACTER FORM

TO: APPLICANT FOR NORTH CAROLINA LOW VOLTAGE CONTRACTING LICENSE
PURSUANT TO THE BOARD'S RESOLUTION ESTABLISHING WAIVER OF
EXAMINATION FOR ELIGIBLE GEORGIA LICENSEES

Please have this form completed by any responsible person who has knowledge of the qualified agent's good character and return it with your license application.

NOTE: The qualified agent is not permitted to complete to his own form.

This is to certify that I have known _____ for
approximately _____ years and that in my opinion he is of good character.

This _____ day of _____, _____.

SIGNED BY: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE #: _____ / _____ - _____

**SIGNED ORIGINAL MUST BE SUBMITTED TO THIS BOARD
PHOTO-COPY OR FAX COPY WILL NOT BE ACCEPTED**

CHARACTER FORM

TO: APPLICANT FOR NORTH CAROLINA LOW VOLTAGE CONTRACTING LICENSE
PURSUANT TO THE BOARD'S RESOLUTION ESTABLISHING WAIVER OF
EXAMINATION FOR ELIGIBLE GEORGIA LICENSEES

Please have this form completed by any responsible person who has knowledge of the qualified agent's good character and return it with your license application.

NOTE: The qualified agent is not permitted to complete to his own form.

This is to certify that I have known _____ for
approximately _____ years and that in my opinion he is of good character.

This _____ day of _____, _____.

SIGNED BY: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE #: _____ / _____ - _____