



North Carolina Irrigation Contractors' Licensing Board

P.O. Box 41421, Raleigh, NC 27629-1421
919-872-2229 Fax 919-872-1598
www.nciclb.org email info@nciclb.org

CLIENT VERIFICATION FORM

When completed please mail, email or fax this form to the Board office

Date: _____

Client Name: _____

Applicant Name: _____

The individual listed above has applied to the North Carolina Irrigation Contractors' Licensing Board to become licensed as an Irrigation Contractor under the provisions of Chapter 89-G of the General Statutes of North Carolina. An Irrigation Contractor is defined in NC General Statute 89G-1(2) as *Any person who, for compensation or other consideration, constructs, installs, expands, services, or repairs irrigation systems.*

You are listed as a current or former client of the individual, his/her company or his/her employer. Please complete this form and return it to the Board. This form is required as part of the application for licensure as an Irrigation Contractor in North Carolina.

1: Did the applicant, his/her company or his/her employer ever perform irrigation services for you? Yes _____ No _____

a. Date of service(s) From _____ to _____

b. Nature of work performed _____

Please provide any documentation that you have showing that the individual performed irrigation contracting duties for you. Examples include but are not limited to: paid invoice, contract, design, canceled check.

c. Was the applicant him/herself directly involved in performing the work? Yes _____ No _____ Unsure _____

2. Please rate the abilities of the applicant in the following categories where 5 is Superior and 1 is Unsatisfactory

a. business practices	5	4	3	2	1	(please circle one)
b. technical knowledge	5	4	3	2	1	(please circle one)
c. quality of work	5	4	3	2	1	(please circle one)
d. timeliness of work	5	4	3	2	1	(please circle one)
e. follow-up upon completion	5	4	3	2	1	(please circle one)

3. Other general comments pertaining to the applicant and/or the services provided. _____

I declare under penalty of perjury, under the laws of the State of North Carolina, that to the best of my knowledge the information contained herein is true and correct.

Signature _____

Named Printed _____

Firm Name _____

Title _____

Address _____

Phone _____

City/State _____ Zip _____