



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

CONFIDENTIAL REFERENCE INFORMATION FORM

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

Date: _____

Name of Individual providing this Reference:

Name of Individual Applying for Licensure (not company 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. The individual has listed you as a reference on their application. Please complete the form below and return it to the Board.

Section A: General Character Information (to be answered by all respondents)

- 1) How long have you known the applicant? _____
- 2) What do you know about the applicant's character? _____

- 3) Have you found the applicant to be :

| | | | | | |
|----------|-------|-------|-------------------------|-------|-------|
| | Yes | No | | Yes | No |
| Truthful | _____ | _____ | Trustworthy | _____ | _____ |
| Loyal | _____ | _____ | Of Good Moral Character | _____ | _____ |
- 4) Additional comments or information _____

Section B: Specific Irrigation Information (to be answered only by NC licensed irrigation contractors)

**References during the grandfathering period (until 6/29/09) are not required to be licensed but are required to be eligible for licensing per the grandfather qualifications criteria.*

- 1) Do you believe that the applicant is qualified to receive a license for irrigation contracting in NC? _____
If no, explain _____

- 2) Are you a NC licensed irrigation contractor? _____ If yes give license number _____
- 3) Are you currently applying to become a NC licensed irrigation contractor? _____ Date of application _____
- 4) Was the applicant a reference on your application? _____
- 5) Are you currently licensed to provide any professional service in NC? _____ Yes _____ No
If yes, please list type of license _____ and license number _____

Section C: (To be completed by all respondents)

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 _____