



# 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)

- How long have you known the applicant? \_\_\_\_\_
- What do you know about the applicant's character? \_\_\_\_\_  
\_\_\_\_\_
- Have you found the applicant to be :
 

	Yes	No		Yes	No
Truthful	_____	_____	Trustworthy	_____	_____
Loyal	_____	_____	Of Good Moral Character	_____	_____
- Additional comments or information \_\_\_\_\_  
\_\_\_\_\_
- Are you currently applying to become a NC licensed irrigation contractor? \_\_\_\_\_ Date of application \_\_\_\_\_
- Are you currently licensed to provide any professional service in NC? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list type of license \_\_\_\_\_ and license number \_\_\_\_\_

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

- What is your license number? \_\_\_\_\_
- Do you believe that the applicant is qualified to receive a license for irrigation contracting in NC? \_\_\_\_\_  
If no, explain \_\_\_\_\_  
\_\_\_\_\_
- Was the applicant a reference on your application? \_\_\_\_\_

### 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 \_\_\_\_\_