



Address all inquires and send completed application to:

**North Carolina Irrigation Contractors' Licensing Board**  
**Post Office Box 41421**  
**Raleigh NC 27629-1421**  
**(919) 872-2229 • info@nciclb.org**  
**www.nciclb.org**

For Board Use
Check #: _____
Amount: _____

**Application for Irrigation Contractor License**

*\*\$100.00 Application Fee Must Accompany this Application*

Application for license by:  Examination  Reciprocity  Reinstatement  
 Preferred mailing address:  Office  Home  
 Type of business:  Sole Proprietor  Partnership  Corporation/LLC

It is unlawful for an applicant to offer or practice irrigation contracting in the state of North Carolina until you are licensed. Should the Board find that you have continued to engage in irrigation contracting or advertising it will have no choice but to refer the matter for appropriate legal action to the NC Department of Justice and/or may assess civil penalties per NC General Statute § 89G 12.

SECTION 1: GENERAL INFORMATION			
Name: (first middle last)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr:			
Company/Organization:			
Present Position:		Website:	
Office Address:			
Office City/State/ZIP:		County:	
Home Address:			
Home City/State/ZIP:			
Home Telephone:		Business Telephone:	
Email :		Business Fax:	
State of Residence:	Date of Birth:		Citizenship:
Social Security Number:		Cell Phone Number:	

**REFERENCE INFORMATION**

Provide the names and addresses of three references, not relatives, at least one of whom is either a Licensed General Contractor, Licensed Plumber, Licensed Landscape Architect or Licensed Irrigation Contractor having current knowledge of your character and professional reputation. They must provide their license or certification number. These same individuals should complete the Confidential Reference Form (found on the board website) and return it to the board by fax, email or regular mail. Do not use Board members or more then one employee of any single organization as a reference.

Name/Address	License Type/License #
1.	
2.	
3.	

**SECTION 2: LICENSE BY RECIPROCITY**

List irrigation contractor license or other registration information by state. Indicate for each state the method of licensure: examination; grandfather; or reciprocity. If the license/registration is not current, indicate the reason in the Comments section. If you were not required to take an examination for licensure/registration, please explain in the Comments section. The board will send a license verification form directly to the state where you are currently licensed/registered. You may wish to contact that state agency in case there is a fee required for this service.

State	Lic#	Dates of Licensure	Expires	Comments	Method of Licensure
1.					
2.					
3.					
4.					
5.					

**SECTION 3: EDUCATION (2 years of related education can be substituted for 1 year of experience)**

State, in order of first attendance, the name and location of each community college, technical school and college or university attended, the time spent at each, and if graduated, the year of graduation and degree received. An **OFFICIAL TRANSCRIPT** showing college credits as well as official documentation of degree (specifying the degree and major) must be provided to the Board office if relevant to your experience.

Name of School	Degree & Major	Dates Attended	Date Graduated

**SECTION 4: LICENSES AND CERTIFICATIONS**

List all other licenses and/or certifications currently held in connection with green industry applications, water conservation or other employment.

Type of License or Certification	Location/State	Date	License #

**SECTION 5: PROFESSIONAL ORGANIZATIONS**

Please list professional organizations of which you are member.

Name	Headquarters Location	Grade of Membership or Offices Held	Date of Membership

**SECTION 6: PROFESSIONAL EMPLOYMENT AND EXPERIENCE**

List information detailing at least three years of experience. Starting and ending dates of employment, location of work, your responsibilities, percent of time devoted to irrigation design or installation and the names and present addresses of employers. If self-employed please list names and present addresses of clients, date and description of work performed. If necessary, additional (8 " x 11") sheets may be attached. Information must demonstrate to the Board that requirements of professional experience have been met. These employers and/or clients must complete the employer verification form and/or client verification form found on the board website.

Company name or client name if self-employed*	Start Date End Date mo/day/year	Title or Position	Fully describe the character of work and specific responsibilities	Percent of time spent on Irrigation design or installation
Total Months of Service				

**SECTION 7: BACKGROUND INFORMATION**

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

What was the violation? \_\_\_\_\_

What was your sentence for the offense? \_\_\_\_\_

Have you ever been denied a driver's license? \_\_\_\_\_

Has your drivers' license ever been revoked or suspended? \_\_\_\_\_

Have you ever had a professional, trade, or privilege license suspended or revoked? \_\_\_\_\_

*Use an additional (8 " x 11") sheet for further explanation of any of the above.*

**SECTION 8: CODE OF ETHICS**

**Pledged to Professional Design, Installation, and Service**

This Code of Ethics had been adopted by the North Carolina Irrigation Contractors' Licensing Board to promote and maintain the highest standards of irrigation installation and conduct among its members.

We recognize the need to provide service in a professional manner and to deal with the public and our colleagues with integrity. We, therefore, agree to the following creed in fulfilling our obligations:

- to follow Minimum Standards (MS) in irrigation design, installation, and service and to promote Best Management Practices (BMPs) adopted by the NCICLB
- to be environmentally responsible with design, installation, and service
- to adhere to local, state, and federal laws that apply to the irrigation industry
- to promote water conservation practices on a continual basis
- to support temporary measures for sensible water use during water shortages
- to maintain professional competence through annual continuing education
- to report violations of this Code of Ethics

**SECTION 9: AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, the Applicant, deposes and says that I have read the contents hereof, and to the best of my knowledge the foregoing statements are true in substance and fact and are made in good faith and I hereby subscribe to and agree to conform with the Code of Ethics set down in Section 8.

Signature of Applicant \_\_\_\_\_

Sworn and subscribed to before me the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My commission expires \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

**Seal**