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 directly to the Board office.

DO NOT RETURN THIS TO THE APPLICANT.

Today's Date:	
Name of Individual providing this Reference (not company name):	Name of Individual Applying for Licensure (not company name):
as an Irrigation Contractor under the provisions of Chap	arolina Irrigation Contractors' Licensing Board to become licensed pter 89-G of the General Statutes of North Carolina. The individual complete and sign this form and return it directly to the Board.
Section A: General Character Information (to be	answered by all respondents)
How long have you known the applicant?	
	?
	Yes No tworthy Good Moral Character
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 Are you currently licensed to provide any of the fo Contractor, Landscape Architect, Plumber, Profess 	sed Irrigation Contractor? Date of application bllowing professional services in NC or any other state? (Irrigation sional Engineer, General Contractor) YesNo, license number and State you are licensed in
Section B: Specific Irrigation Information (to	be answered only by NC licensed irrigation contractors) ceive a license for irrigation contracting in NC?
2) Was the applicant a reference on your application?)
Section C: (To be completed by all responder I declare under penalty of perjury, under the laws of the State contained herein is true and correct.	nts) ate of North Carolina, that to the best of my knowledge the information
Signature_	Named Printed
Firm Name	Title
Address	Phone
City/State_	Zip