P.O. Box 41421 Tel 919-872 www.nciclb.o	on Contractors' Licensing Boar 1, Raleigh, NC 27629-1421 -2229 Fax 919-872-1598 org; email info@nciclb.org al Form • January 1, 2018 – I int legibly or type	December 31, 2018	
Individual License #		For NCICLB Administration Use Only	
Name		Ck#	
Company Name		Amount	
Check the appropriate box as the preferred mailing ac	ldress: Office	Home	
Office Address	Home Address		
City/State/Zip	_ City/State/Zip		
Office Phone	_ Home Phone		
Office Fax	_ Cell Phone		
Website	-		
Email	_ (This email will be published on	the Board website)	
Email	_ (For communication with the Bo	ard, do not publish)	
1. Have there been any changes in the status of the compan incorporation, becoming an LLC or entering into a partners not yet disclosed to the Board?			
2. Is your \$10,000 Surety Bond or \$10,000 Irrevocable Lett	er of Credit active and in good stand	ing?YesNo	
Check appropriate boxes: \$100 Individual Renewal \$50 Individua	ll Late Fee\$40 Lost Stam	p fee	
Please indicate method of payment: Check OR	Credit Card		
Renewals postmarked after 12/31/17 are considered I more than one license on one check) and indicate your lic completed renewal form, payment and continuing educatio NCICLB P.O. Box 41421 Raleigh, NC 2762	ense number on the memo line of on reporting form to the following ad	the check. Submit the	
Paying by Credit Card, indicate: MasterCard	Visa AMOUNT PAID:	\$	
Card #	_ Exp. Date 3 Digit #	on back of cc	
Name on CC:	_Signature		
Billing Address	_ City/State/Zip		
Incomplete renewal forms (including missing continuin payment) will be returned and will require a \$50.00 lat 12/31/17.		fter APPLY SEAI HERE	

Licensee	's	Sign	ature_
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