



Address all inquires and send completed application to:  
**North Carolina Irrigation Contractors' Licensing Board**  
**Post Office Box 41421**  
**Raleigh NC 27629-1421**  
**Phone (919) 872-2229 • Fax (919) 872-1598**  
[info@nciclb.org](mailto:info@nciclb.org) • [www.nciclb.org](http://www.nciclb.org)

For Board Use
Check #: _____
Amount: _____

**Application for *Corporate* Irrigation Contractor License**  
*\$100 Application Fee Must Accompany this Application*

**Type of Business:**    Partnership        Corporation        LLC

<b>GENERAL INFORMATION: The company name/organization <u>MUST READ EXACTLY</u> as it is registered with the NC Secretary of State or County Register of Deeds.</b>			
Company/Organization: (include DBA if applicable)			
Company Contact Name:			
Present Position:		Website:	
Mailing Address:			
Mailing City/State/Zip:			
Business Telephone:		Business Fax:	
Other Address:			
Other City/State/Zip:			
Other Telephone:		Cell Phone:	
Email Address: (Required for communication from the Board)		Once licensed, publish email on Board website?	YES NO
Federal Tax ID Number:			

**It is a requirement that this corporation, LLC or other business entity register with the NC Secretary of State. If this corporation, LLC or other business entity is not registered with the NC Secretary of State the corporate license will not be issued and will subject the qualifier's license to suspension.**

**(This does not apply to Partnerships or Sole Proprietors.) Partnerships and Sole Proprietors MUST register with the County Register of Deeds.**

**In order for the Board to approve this application, a copy of the latest annual report filed with the Secretary of State of NC must be submitted with this application. A copy of the Annual Report can be printed by going to the NC Secretary of State website at: [www.sosnc.gov/corporations/](http://www.sosnc.gov/corporations/)**

Date of Incorporation/Registration: \_\_\_\_\_ State of Incorporation/Registration: \_\_\_\_\_

List all names and addresses of officers of the corporation, LLC, partnership, or any other business entity.

Name	Position Held	Address/City/State/Zip

List all licensed irrigation contractors employed by the corporation, LLC, partnership, or any other business entity who will be the qualifier(s) for the business entity.

Name	Position Held	License Number

List all locations/branches of the firm and the name of the licensed irrigation contractor responsible for the location.

Name	Location Address/City/State/Zip	License Number

**Code of Professional Conduct**

**This Code of Professional Conduct has 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.**

N.C. Irrigation Contractors, in the fulfillment of their duties, shall agree:

- To act with honesty, integrity, and fairness towards clients and the general public.
- To respect and be courteous to colleagues and other professionals in the industry.
- To avoid all conduct or practice that deceives the public.
- To perform services only in the areas of their competence.
- To follow Minimum Standards in irrigation design, installation, and service and to promote Best Management Practices adopted by the NCICLB.
- To be environmentally responsible with design, installation, and service.
- To protect the environment and the safety, health, welfare of the public.
- To adhere to local, state, and federal laws that apply to the irrigation industry.
- To promote water conservation practices on a continual basis.
- To maintain professional competence through annual continuing education and professional development activities

**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.

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

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

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

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

**Seal**