



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

EMPLOYER VERIFICATION FORM

When completed please mail, email or fax this form to the Board office

Today's Date: _____

Employer: _____

Name of **Individual** Applying for Licensure (not company name): _____

Dear Employer:

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. You are listed as a current or former employer of the individual. Please complete the form below pertaining to the applicant. The information will be treated confidentially. The information is critical if the board is to approve the application. Thank you for your assistance.

1. Was the applicant ever in the employment of your Firm? Yes _____ No _____
2. Please give dates of employment: Please be as accurate as possible. Use an additional 8 1/2"x11" sheet of paper if necessary
From: _____ To: _____
(Mo/Day/Year) (Mo/Day/Year)
Total time employed (years, months, days) _____, _____, _____
3. Approximately what percentage of the duties performed by the applicant were directly related to irrigation contracting? _____
4. Please indicate the percentage of time devoted to duties included in the following list: (Total must equal 100%)

_____ Irrigation Project Manager	_____ Irrigation Service Assistant	_____ Irrigation Salesperson
_____ Irrigation Crew Leader	_____ Irrigation Laborer	_____ Irrigation Estimator
_____ Irrigation Crew Member	_____ Irrigation Designer	_____ Non Irrigation Contractor Related Duties
_____ Irrigation Service Technician		_____ Other (please describe)
5. Please provide your opinion of the applicant's competency where 5 is Superior and 1 is Unsatisfactory.
 - a. Technical knowledge 5 4 3 2 1 (please circle one)
 - b. Practical landscaping experience 5 4 3 2 1 (please circle one)
6. Do you believe that the applicant is qualified to receive a license for irrigation contracting in North Carolina? _____
7. Are you a NC Licensed Irrigation Contractor? Yes _____ No _____ If yes, please indicate license # _____

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 _____

(Use reverse side for additional information and/or comments)