



North Carolina Irrigation Contractors' Licensing Board

P.O. Box 41421, Raleigh, NC 27629-1421
Tel 919-872-2229 Fax 919-872-1598
www.nciclb.org; email info@nciclb.org

Individual License Renewal Form • January 1, 2020 – December 31, 2020 Please print legibly or type

Individual License # _____

Full Name _____

Company Name _____

For NCICLB Administration Use Only
Ck# _____
Amount _____

Mailing Address

Other Address

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

County _____ Other Phone _____

Office Phone _____ Cell Phone _____

Office Fax _____ Website _____

Email _____ (This email will be published on the Board website)

Email _____ (For communication with the Board, do not publish)

1. Have there been any changes in the status of the company you are employed with or own (such as incorporation, becoming an LLC or entering into a partnership) within the past year that you have not yet disclosed to the Board? Yes No

2. Is your \$10,000 Surety Bond or \$10,000 Irrevocable Letter of Credit active and in good standing? Yes No

Check appropriate boxes:

\$100 Individual Renewal

\$50 Individual Late Fee

\$40 Lost Stamp fee

\$250 reinstatement fee (For those individuals that did not earn all or part of the required continuing education inside the proper year. Continuing education was completed the first 60 days of the next license year with a deadline of March 1.)

Indicate method of payment: Check / Credit Card

Renewals postmarked after December 31 are considered late. Make checks payable to NCICLB (you may include payments of more than one license or licensee on one check) **Indicate your license number(s) on the memo line if paying by check.**

Submit the completed renewal form, payment and proof of attendance forms to the following address:

NCICLB
P.O. Box 41421
Raleigh, NC 27629-1421

Paying by Credit Card: MasterCard / Visa AMOUNT PAID: \$ _____

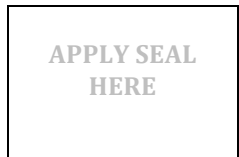
Card # _____ Exp. Date _____ 3 Digit # on back of cc _____

Name on CC: _____ CC Holder Signature _____

Billing Address _____ City/State/Zip _____

Incomplete renewal forms (including missing proof of attendance, missing seal, improper payment) will be returned and will require a \$50.00 late fee, per license, if resubmitted after December 31.

Apply Irrigation Contractor seal here:



Licensee's Signature _____

Public Notice Statement
Required by N.C. Gen. Stat. § 143-789(a), Effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that they have been misclassified as an independent contractor by their employer, may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919) 715-0282
Email: ernp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-786 (a)(5)]

I certify that I have read the Public Notice Statement above and that I understand it.

Please indicate below which statement best applies to you:

Within the past twelve (12) months I **have not been** investigated for employee misclassification.

Within the past twelve (12) months I **have been** investigated for employee misclassification and have attached the results of the investigation to this application.

Note: Pursuant to North Carolina General Statute § 143-789(b): “An occupational licensing board or commission shall deny the license, permit, or certification application of any applicant who fails to comply with the certification and disclosure requirements of this section.”

Licensee's Signature: _____

Date: _____