



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 Irrigation Contractor License**  
*\*\$100.00 Application Fee Must Accompany this Application*

**Application for license by:** Examination    Reciprocity    Reinstatement    Previous CIC certification\*  
**Type of business:**    Sole Proprietor    Partnership    Corporation/LLC

SECTION 1: GENERAL INFORMATION			
Full name of Applicant: Mr.    Ms.    Dr:			
Company/Organization:			
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
Date of Birth:	Social Security Number:		
State of Residence:	Country you are citizen of?:		

\*You may list up to three counties where you provide services for publication on the Board website:

\_\_\_\_\_

**SECTION 2: CONFIDENTIAL REFERENCE INFORMATION**

Provide the names and addresses of three references, at least one of who is either a Licensed General Contractor, Licensed Plumber, Licensed Landscape Architect or Licensed Irrigation Contractor having current knowledge of your character and professional reputation. They must provide their license or certification number. The other two references do not need to be licensed contractors, but should be individuals that will vouch for your character. Do not use fellow employees, employers, family members, board members or more than one employee of any single organization as a reference. **The individuals listed below must also complete the Confidential Reference Form (found on the board website) and return it directly to the board by fax, email or regular mail.**

Name/Address	License Type/License #
1.	
2.	
3.	

**SECTION 3: LICENSE BY RECIPROCITY**

List irrigation contractor license or other registration information by state. Indicate for each state the method of licensure: examination; grandfather; or reciprocity. If the license/registration is not current, indicate the reason in the Comments section. If you were not required to take an examination for licensure/registration, please explain in the Comments section. The Board will send a license verification form directly to the state where you are currently licensed/registered. You may wish to contact that state agency in case there is a fee required for this service.

State	Lic#	Dates of Licensure	Expires	Comments	Method of Licensure

**SECTION 4: EDUCATION (2 years of related education can be substituted for 1 year of experience)**

State, in order of first attendance, the name and location of each community college, technical school and college or university attended, the time spent at each, and if graduated, the year of graduation and degree received. An **OFFICIAL TRANSCRIPT** showing college credits as well as official documentation of degree (specifying the degree and major) must be provided to the Board office if relevant to your experience.

Name of School	Degree & Major	Dates Attended	Date Graduated

**SECTION 5: LICENSES AND CERTIFICATIONS**

List all other licenses and/or certifications currently held in connection with green industry applications, water conservation or other employment.

Type of License or Certification	Location/State	Exp. Date	License/Certification #

**\*As of February 8, 2017, applicants who took and passed the CIC exam through the Irrigation Association on or after 11/20/2009 may qualify for license as a NC Irrigation Contractor without examination. Please answer the following questions:**

Are you CIC certified through the Irrigation Association, and is your certification still active?    YES    NO  
 If yes, did you pass the exam on or after 11/20/09?    YES    NO

**If applying for licensure through CIC certification, attach to application proof of CIC certification, including date of certification, CIC exam score, and proof that CIC is still active.**

**SECTION 6: PROFESSIONAL ORGANIZATIONS.**

List professional organizations of which you are member.

Name of Organization	Headquarters Location	Grade of Membership or Offices Held	Dates of Membership

**SECTION 7: PROFESSIONAL EMPLOYMENT AND EXPERIENCE**

**List information detailing at least three years of experience.** Starting and ending dates of employment, location of work, your responsibilities, percent of time devoted to irrigation design or installation and the names and present addresses of employers. If self-employed, list names and present addresses of clients, date and description of work performed. If necessary, additional (8 “ x 11”) sheets may be attached. Information must demonstrate to the Board that requirements of professional experience have been met. **These employers and/or clients must complete the employer verification form and/or client verification form found on the board website.** A minimum of three verifications is required unless using an employer verification that covers all three years.

Company name or client name if self-employed*	Start Date End Date mo/day/year	Title or Position	Fully describe the character of work and specific responsibilities	Percent of time spent on irrigation design or installation
<b>Total Months of Service:</b>				

**SECTION 8: BACKGROUND INFORMATION**

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

What was the violation? \_\_\_\_\_

What was your sentence for the offense? \_\_\_\_\_

Have you ever been denied a driver's license? \_\_\_\_\_

Has your drivers' license ever been revoked or suspended? \_\_\_\_\_

Have you ever had a professional, trade, or privilege license suspended or revoked? Explain: \_\_\_\_\_

**SECTION 9: 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 applies 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.

**SECTION 10: 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 set down in Section 8.

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

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

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

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

**Seal**

**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](mailto: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)]

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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.”**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**As part of the application process, each applicant must submit to a criminal background check by following the instructions below. The Board will consider all applicants without prejudice. Pursuant to N.C. General Statute § 93B-8.1 Use of criminal history records, paragraph (c), “The board may deny licensure to an applicant who refuses to consent to a criminal history record check...” (2016)**

**We encourage you to begin this process as quickly as possible to ensure timely review of your application.**

### **Instructions for Placing Order for Criminal Background Report**

- Go to [www.castlebranch.com](http://www.castlebranch.com)
- On the top right side, click on the “Place Order” tab.
- Enter the following package code: NX11
- After being prompted, give your consent to the criminal background
- Enter your personal information
- Make a payment of \$18.50 with a MasterCard, Visa or debit card.
- After placing your order, you will receive a confirmation email that will contain the password needed to access your results and respond to any missing information required to process your order.
- Background report results take on average, 3-5 days to be completed.
- To view your order status any time, return to [www.castlebranch.com/view-background-check](http://www.castlebranch.com/view-background-check) and click on “I have a badge.” You will then fill out your password and the last 4 digits of your SSN.

### **ADDITIONAL INSTRUCTIONS**

You should submit your application and supplementary documents to the Board without waiting for the results of the criminal background report.

The Board will receive, and add to your file, the results of the background report prior to the application review. If the results of the report are not ready prior to the upcoming Board meeting your file will automatically be reviewed at the next regularly scheduled Board meeting. The application will not go before the Board until the criminal background report is ready.