

**STATE BOARD OF EXAMINERS OF
PLUMBING, HEATING, AND FIRE
SPRINKLER CONTRACTORS**



**APPLICATION PACKET FOR PERSONS APPLYING TO OBTAIN A FIRE
SPRINKLER INSPECTION TECHNICIAN LICENSE AND QUALIFYING WITH
NICET CERTIFICATION**

This application is for persons who do NOT already hold an inspection technician license with this Board, but currently holds NICET Level II certification in Inspection and Testing of Water-Based Fire Protection Systems.

**STATE BOARD OF EXAMINERS OF
PLUMBING, HEATING & FIRE SPRINKLER CONTRACTORS**

APPLICATION FOR FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE WITH NICET

This license is for persons performing **NFPA-25** inspections **ONLY** and **does not** allow the license holder to contract for NFPA-25 inspections. Application must be completed in full and returned with the non-refundable application fee of \$30.00 and the license fee of \$130.00. **This license qualification is for a Technician not a Contractor and therefore cannot be used to contract business.**

If the application is denied the license fee will be returned to the applicant. The applicant must return a completed application along with a copy of their **NICET II** certification in **Inspection and Testing of Water based Protection Systems**. Be sure contact information is complete as it may be necessary to contact the applicant. Application must be signed by the applicant. This license is renewable annually on December 31st of each year. Complete application must be received in the office one week prior to the next available test date to be considered for that date.

License Requirements:

- **Current** NICET II certification in Inspection and Testing of Water based Protection Systems
- Must be employee of a **licensed** fire sprinkler inspection contractor or hospital, manufacturing, government or university facility.

All applicants are required to utilize "CastleBranch.com" to submit a nationwide criminal record report to the Board (attach a paper copy of the background report to this application). Applicants are required to pay the reporting service for the cost of the report. **Answering falsely or submitting an inaccurate criminal record report can be considered fraud or deceit in obtaining a license and could lead to the denial of your application as well as prosecution under G.S. 87-23 and G.S. 87-25. The Board shall not consider the examination application of a person who has been convicted of a crime involving fraud or moral turpitude until at least one year has elapsed following the applicant's completion of the terms and conditions of any punishment for the conviction, except for unsupervised probation.**

**CHAPTER 50 – BOARD OF EXAMINERS OF PLUMBING, HEATING AND FIRE
SPRINKLER CONTRACTORS.**

FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE

21 NCAC 50 .0301 QUALIFICATIONS DETERMINED BY EXAMINATION

(d) Applicants for licensure in the Fire Sprinkler Inspection Technician classification must pass the technical examination offered by the Board. The Board will accept the results of NICET examination resulting in Level II Certification in “Inspection and Testing of Water-based Protection Systems” by NICET in lieu of the *Board administer* examination. Persons who obtain license as a Fire Sprinkler Inspection Technician based on NICET certification must maintain such certification as a condition of license renewal.

*History Note: Authority G.S. 87-18; 87-21(a); 87-21(b);
Amended eff. July 3, 2012; Jan 1, 2010; May 1, 2006*

21 NCAC 50 .0306 APPLICATIONS: ISSUANCE OF LICENSE

(e) Applicants for examination or licensure in the Limited Fire Sprinkler Inspection Technician classification shall submit evidence adequate to establish that the applicant has either:

- (1) 4000 hours experience involved I inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25, as a full-time employee of a Fire Sprinkler Contractor or fire insurance underwriting organization; or
- (2) 4000 hours experience involved in inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25 as a full time employee of a hospital, manufacturing, government or university facility and under direct direct supervision of a Fire Sprinkler Inspection Contractor or a Fire Sprinkler Inspection Technician;
- (3) 4000 hours experience involved in installation of fire sprinkler systems as a full-time employee of a Fire Sprinkler Installation Contractor or
- (4) a combination of 4000 hours experience in any of the categories listed in this Paragraph

*History Note: Authority G.S. 87-18; 87-21 (b)
Amended eff. July 3, 2012; January 1, 2010; June 1, 2006*

21 NCAC 50 .0513 LIMITED FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE

- (a) License in the Limited Fire Inspection Technician classification is required of the technician who carries out periodic inspection of fire sprinkler systems consistent with NFPA-25.
- (b) Periodic observation and testing of systems other than NFPA-25 system certification may be carried out by Fire Sprinkler Maintenance Technicians licensed under Rule .0515 of this Chapter. Insurers who carry out inspections for the limited purpose of underwriting or rating for insurance purposes, in situations where the physical tasks are carried out by the on-site Fire Sprinkler Maintenance Technician licensee of the insured, are not required to be licensed pursuant to this Rule. All NFPA-25 reports and system tags must display the name and signature of the licensee who performed the actual inspection as well as the licensee number of the inspection contractor: except that where the Fire Sprinkler Inspection Technician license is issued in the name of a manufacturing, government, university or hospital facility as set out in this Rule, the NFPA-25 report and system tags must display the name, signature and license number of the Inspection Technician.
- (c) Licenses shall be issued based on experience and examination, or on experience and certification, as described in Rules .0301 and .0306 of this Chapter and expire annually.
- (d) The duties of Fire Sprinkler Inspection Technicians may be carried out as employees of Fire Sprinkler Inspection Contractors or as full-time employees at a manufacturing, government, university or hospital facility. Fire Sprinkler Inspection Technician licenses shall be issued and listed either as sub-licenses of Fire Sprinkler Inspection Contractors or as a Fire Sprinkler Inspection Technician license in the name of the manufacturing, government, or hospital facility where the Fire Sprinkler Inspection Technician is employed.

*History Note: Authority G.S. 87-21
Eff. January 1, 2004
Amended Eff. January 1, 2010; March 1, 2005*

NICET CERTIFICATION REQUIRED

**STATE BOARD OF EXAMINERS OF PLUMBING,
HEATING & FIRE SPRINKLER CONTRACTORS - RALEIGH, NC
APPLICATION FOR FIRE SPRINKLER TECHNICIAN**

Please *print* legibly in black ink or type (Applications must include full name and not an initial).

Full Name:

First _____ Middle _____ Last _____

Social Security No. _____ - _____ - _____ Date of Birth _____

(Required)

Home Address:

Street/PO Box _____

City _____ State _____

Zip _____ County _____

Home Phone: _____

Email: _____

Work Address:

Street/PO Box _____

City _____ State _____

Zip _____ County _____

Work Phone: _____

Fax: _____

Home Physical Address: _____

Street

City

State

Zip

In what specific name will this license be listed? _____

(List the name of the manufacturing, government, university or hospital facility where you are employed or the name of the company where you are employed. If you are employed with a company, the company must have a valid Fire Sprinkler Inspection Contractor license listed in the name of the company before we will issue your license.)

License Number of Fire Sprinkler Inspection Contractor listed above: _____

If you are **currently** or were **previously** issued a license

by this Board, enter your license number and qualifications:

License number _____ **Qualification** _____

Have you ever been charged or convicted of a crime (excluding minor traffic violations)? Check one: **Yes** ____ **No** ____

If yes, explain the occurrence(s) on a separate sheet of paper.

Are you presently serving or have you completed any period of incarceration, probation or parole for any misdemeanor or felony? Check one: **Yes** ____ **No** ____ If yes, explain the occurrence(s) on a separate sheet of paper.

Authorization for Records Check

All applicants are required to utilize "CastleBranch.com" to obtain a nationwide criminal record report and must attach a paper copy of the background report to this application (instructions attached to this application). Applicants are required to pay the reporting service for the cost of the report. In making this application to the State Board of Examiners of Plumbing, Heating, & Fire Sprinkler Contractors for a license under the provisions of Chapter 87 of the General Statutes of North Carolina and the Rules of the State Board of Examiners, I swear (or affirm) that I am the applicant named herein and that all information provided in connection with this application is true to the best of my knowledge and belief.

Applicant's signature _____

Date _____

A completed Application Packet includes:

- Completed Original Application – Form 5-A
- Copy of NICET Certification
- Copy of Certified Background check –Attach to application
- Check or money order for \$30 application fee (non-refundable);
- Check or money order for \$130 License Fee (will be returned if application is denied)

THE MOST COMMON REASONS APPLICATIONS ARE RETURNED

1. Correct fees are not included with application
2. Applications are not properly signed and notarized
3. Forms are not filled out completely
4. Wrong application used
5. Check is not signed
6. All forms are not included in packet
7. CastleBranch Background Report not attached.

Incomplete applications will be returned.

Mail Completed Application Packet and Application Fee to:

State Board of Examiners of Plumbing, Heating &
Fire Sprinkler Contractors
1109 Dresser Court
Raleigh, NC 27609



CastleBranch

**Applicant Instructions to Obtain
Certified Back Ground Check For
State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors**

The above organization has chosen CastleBranch.com as an approved source for background checks.

CastleBranch.com is a service that allows applicants to order and purchase their own background check directly online. The results of your background check are posted to the CastleBranch.com website in a secure, tamperproof environment. You can view the background check anytime, anywhere online with your secure password. The background check we perform is based on guidelines provided by your organization, so you know you'll get the information you need, all from one source.

To order your background check from CastleBranch.com, please follow the instructions below.

1. [Go to www.CastleBranch.com](http://www.CastleBranch.com)
2. In the Place Order Box, enter package code: **ST46**
3. Enter Personal Information
4. Select a method of payment: Visa, Master Card or money order.

Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 24-72 hours. Once your background check is complete, your organization will automatically be able to view your background check results. You can also supply the password to anyone else that needs to see your results. Please print a copy of your certified back ground check and include the copy with your application

Must submit copies of all pages of criminal background report with application.

www.CastleBranch.com
Phone: (888)666-7788
info@castlebranch.com



ADD SUBLICENSEE FORM

2016-07

State Board of Examiners of Plumbing,
Heating & Fire Sprinkler Contractors
1109 Dresser Court
Raleigh, NC 27609

Information of licensee to be added

License # _____

Social security # XXX-XX- _____
(last four digits only)

Licensee to be added Full Name: _____

Home Address

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Home Telephone Number: (_____) _____ Fax Number: (_____) _____

Business Address

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

I wish to have my name and qualifications added to the existing license number _____, which is
issued in the name of _____
(Company Name)

My position with the company will be _____
(Officer, Owner, General Partner or Full-Time Employee)

I acknowledge as the licensee holder that I am completely and fully responsible for all work performed under my license. I understand that I must assure that all permits are secured prior to commencing work; that anyone working under my license will either be on the payroll of the company or they must hold their own license; that all installations performed under my license will be installed in accordance with the minimum standard of the North Carolina Code, the Board's general statutes and rules as well as the prevailing standards in the industry. By signing below I understand that I am required to supervise all work performed under my license and that I am required to sign and execute all

contracts for work performed under my license. I shall immediately notify the Board upon termination of my association with the above company, and then I understand that my individual license will revert to my individual name.

Print – Licensee’s Name & License #

Signature of Licensee

Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL)

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____

Master Licensee Information

I, _____, hold license number _____ issued as

_____. I wish to add the name and qualification of

license number _____ to my license. His position in the company
(name and license number)

will be _____. I understand _____
(Officer, Partner, Full-Time Employee) (name of licensee to be added)

shall execute all contracts to the extent of his qualifications.

Print – Licensee’s Name & License #

Signature of Licensee

Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL)

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____