

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



**APPLICATION PACKET FOR PERSONS APPLYING TO TAKE THE
QUALIFYING EXAMINATION FOR
PLUMBING, HEATING OR FUEL PIPING TECHNICIAN LICENSE**

All applicants for examination must have all necessary current North Carolina State Building Code books, a current Laws & Rules book issued by the Board (G.S. Chapter 87, Article 2 and 21 North Carolina Administrative Code Chapter 50) at the time the applicant submits the attached application form for examination. By returning this application for approval, the applicant is stating he/she has all of the required books and is prepared to test.

Incomplete applications will be returned. A completed application packet, background criminal record check, and experience forms verified by our staff must be received in this office before you will be qualified to sit for the examination.

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.**

Mail Completed Application Packet and Examination Fee to:

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

License Definitions

Plumbing is deemed and held to be: the system of pipes, fixtures, apparatus and appurtenances, installed upon the premises, or in a building, to supply water thereto and to convey sewage or other waste there from.

Heating, Group 1 is deemed and held to be the heating system of a building, which requires the use of high or low pressure steam, vapor or hot water, including all piping, ducts, and mechanical equipment appurtenant thereto, within, adjacent to or connected with a building, for comfort heating.

Heating, Group 2 means an integral system for heating or cooling a building consisting of an assemblage of interacting components producing conditioned air to raise or lower the temperature, and having a mechanical refrigeration capacity in excess of fifteen tons, and which circulates air. Systems installed in single-family residences are included under heating group number three, regardless of size.

Heating, Group 3 is deemed and held to be a direct heating or cooling system of a building that raises or lowers the temperature of the space within the building for the purpose of comfort in which electric heating elements or products of combustion exchange heat either directly with the building supply air or indirectly through a heat exchanger using an air distribution system of ducts and having a mechanical refrigeration capacity of 15 tons or less

Fuel Piping, is deemed and held to be installation of fuel piping extending from an approved fuel source at or near the premises, which piping is used or may be used to supply fuel to any systems, equipment, or appliances located inside the premises.

TO ALL LICENSEES

If any former employee asks that you sign a form verifying his/her work experience so as to qualify for an examination, you must complete these forms to the extent of your knowledge only. An unjustified refusal to sign appropriately documented forms provided by the applicant may lead to an appearance before the Board's Review Committee and/or the Full Board.

IF MORE THAN ONE EMPLOYER IS LISTED, AN EMPLOYMENT VERIFICATION FORM (1-B) MUST BE COMPLETED, SIGNED AND NOTARIZED BY EACH EMPLOYER.

Attach any additional information necessary to establish your experience.

Additional Information in Establishing Experience Requirements

Plumbing, Heating & Air Conditioning Technician: You are required to have a total of 3,000 hours experience in the installation, maintenance, service or repair to sit for any single plumbing or heating technician examination.

Fuel Piping Technician: You are required to have a total of 1,500 hours experience in the installation, maintenance, service or repair to sit for a Fuel Piping technician examination.

EXPERIENCE

Working experience gained by the applicant while engaged actively and directly in the installation of plumbing, heating, cooling or fuel piping work activities directly related thereto.

1. Education courses taught at a college, university, community college or technical institute (certificate program based on semester hours or diploma program based on semester hours) applicable to the specific trade - 50%

Other experience – The Board may approve other experience that it finds to be equivalent or similar.

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

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:

Work Address:

Street/PO Box Street/PO Box

City State City State

Zip County Zip County

Home Phone: Work Phone:

Email: Fax:

Home Physical Address: Street City State Zip

Examination Schedule and Fees - Indicate which examination you wish to take (confirm the appropriate class and group desired in General Statutes Chapter 87, Article 2 :

Mark desired examination (s)

- Heating, Group 1 Technician
Heating, Group 2, Technician
Heating, Group 3, Technician
Plumbing Technician
Fuel Piping Technician

Examination Fee \$100.00 per exam and is non refundable

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

B CURRENT / PAST NORTH CAROLINA LICENSED EMPLOYER STATEMENT

NOTE TO LICENSEE VERIFYING EXPERIENCE: As a licensee of this Board, you shall only verify actual experience (number of hours and duties) that this applicant received while working under your license and direct supervision. If you verify experience that was not performed while the applicant was working under your license and direct supervision, or if you verify experience outside the classification of experience obtained while the applicant was working under your license and direct supervision, you the licensee, will be subject to disciplinary action up to and including revocation of your license per G.S. 87-23. In addition, you can also be prosecuted under G.S. 87-25 for giving false or forged evidence to the Board in obtaining a license, punishable as a Class II misdemeanor. An applicant may make copies of this form for use in documenting additional experience with other licensees in order to fully and completely document the required minimum hours of experience. **After the licensee signs this notarized affidavit verifying the required experience, the employment records (W-2's or 1099's) must be submitted with this application.**

This is to certify that (APPLICANT'S FULL NAME) _____ performed installations under my license and direct supervision as described below and in the license classification circled: (only verify experience applicable to the field for examination requested)

(Circle the examination that applies to the documented experience and qualifications of the applicant)

Heating Group 1 Technician

Heating Group 2 Technician

Heating Group 3, Technician

Plumbing Technician

Fuel Piping Technician

Employment Dates – Start date: _____ End date (or still employed): _____

Document below the specific and detailed duties this applicant performed while working for your firm.

Percent of the above listed experience (being confirmed) performing service or repair: _____%

Percent of the above listed experience (being confirmed) performing installation and design: _____%

Total # of hours employed by your firm performing installation, maintenance, service or repair: _____

Print – Licensee's Name Confirming Experience License # Company Name (if applicable)

Signature of Licensee Confirming Experience Date

STATE OF _____ COUNTY OF _____

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

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____

(SEAL)

APPLICANT EMPLOYMENT HISTORY

This form is **not** required to be completed if a licensee(s) of this Board have completed, signed and had notarized Form 1-B (attached) verifying the minimum hours of experience required by law. If a licensee of this Board does not complete form 1-B (attached) to cover all of the required experience hours, then the applicant must complete this form and attach **W-2's and / or 1099's** to verify experience. In completing this form, please document a thorough and concise employment history for the specific type of license(s) you are seeking to obtain. You may make photocopies of this form in order to list all of your past employment history that applies. If you have been self-employed, please document this information on this form as well and provide copies of your tax returns for applicable years.

You must attach copies of W-2, 1099's or tax return forms matching time(s) of employment listed on this form.

APPLICANT'S FULL NAME: _____

EMPLOYER NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____

DATE'S EMPLOYED: (MONTH/YEAR): Start Date _____ to _____
(Month/Year) (Month/Year)

POSITION'S HELD: _____

SUPERVISOR'S NAME: _____

Detailed description of your duties: _____

Percent of the above listed experience (being confirmed) performing service or repair: _____%

Percent of the above listed experience (being confirmed) performing installation and design: _____%

Total # of hours employed by your firm performing installations, maintenance, service or repair: _____

Print – Person Confirming Experience Company Name (if applicable)

Signature of Person Confirming Experience Date

STATE OF _____ COUNTY OF _____

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

NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES _____



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



State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors

1109 Dresser Court Raleigh, NC 27609

Phone: 919-875-3612 Fax: 919-875-3616

www.nclicensing.org

BOOK ORDER FORM

Name: _____ License #: _____

(If Applicable)

Company Name: _____

Ship To: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: (_____) _____ - _____

Email: _____

(Please provide an email to receive shipment tracking information)

BOOKS	Qty	Price (tax included)	Subtotal	Shipping/Handling	Total
Board Laws and Rules (2016)		X \$10.68		+ 4.32 (per book)	

Shipping Includes Delivery Confirmation
****6 Books or More Call for Shipping****

ALL BOOK SALES ARE FINAL
NO RETURNS - NO REFUNDS - NO EXCHANGES - NO EXCEPTIONS

Mail Completed Form with Payment Payable to "State Board of Examiners":

*State Board of Examiners
1109 Dresser Ct.
Raleigh NC 27609*

Please Allow 5-7 Business Days to Receive Order

THANK YOU FOR YOUR BUSINESS

ADD TECHNICIAN LICENSEE FORM

2016-01

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 technician licensee holder that I am completely and fully responsible for all work performed under my license. I understand that the licensed contractor shall ensure that all permits are secured prior to commencing work; that working under the licensed contractor I will be on the payroll of the company; that all installations performed under the contractor's 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 maintain licensure under a licensed plumbing, heating or fuel piping contractor

I shall immediately notify the Board upon termination of my association with the above company, and then I understand that my individual license will be placed as inactive status until I find a new place of employment to place my license under a new licensed plumbing or heating contractor.

Print – Licensee’s Name & License #

Signature of Licensee

Date

STATE OF _____ COUNTY OF _____

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

NOTARY PUBLIC (Signature and printed name)

(SEAL)

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 NOT execute any contracts but will be allowed to provide general supervision until the completion of the work for which I hold an executed contract with the licensed general contractor or property owner and for which I receive all contractual payments.

Print – Licensee’s Name & License #

Signature of Licensee

Date

STATE OF _____ COUNTY OF _____

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

NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES _____