



ADD SUBLICENSEE FORM

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

Add Sublicense Fee \$25.00 per License

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_____

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 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_____

NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES _____