



DELETE SUBLICENSEE FORM

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

Information of licensee to be deleted

(All information must be completed)

Master License # _____ Full Name: _____

Please delete _____, whose
(licensee's name)

personal license number is _____ from my license number _____.

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 _____