

**State Board of Examiners of Plumbing,  
Heating & Fire Sprinkler Contractors**  
1109 Dresser Court, Raleigh, NC 27609  
(919) 875-3612

**Request for Register of Licensees**

Name: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_, am hereby requesting a register of current licensees of the Board. I am enclosing a check or money order for \$15.00. I understand that the register will be in electronic form on a compact disk.

**Please choose only one of the following:**

\_\_\_\_\_ I would like the register to include all classifications of active licensees.

\_\_\_\_\_ I would like the register to include only the selected classifications of licensees as designated below:

\_\_\_ Plumbing, Class I

\_\_\_ Heating Group 1, Class I

\_\_\_ Plumbing, Class II

\_\_\_ Heating Group 1, Class II

\_\_\_ Fire Sprinkler Installation Contractor

\_\_\_ Heating Group 2

\_\_\_ Fire Sprinkler Inspection Contractor

\_\_\_ Heating Group 3, Class I

\_\_\_ Fire Sprinkler Inspection Technician

\_\_\_ Heating Group 3, Class II

\_\_\_ Fire Sprinkler Maintenance Technician

\_\_\_ Fuel Piping

\_\_\_ Limited Restricted Plumbing License

**Please indicate desired format(s):** \_\_\_\_\_ Excel \_\_\_\_\_ Adobe pdf

**Please indicate desired media(s):** \_\_\_\_\_ send electronic file to above e-mail address  
(choose only one)

\_\_\_\_\_ mail compact disc to above address

Enclose a check or money order for \$15.00 payable to "State Board of Examiners", and mail to:  
State Board of Examiners of Plumbing,  
Heating & Fire Sprinkler Contractors  
1109 Dresser Ct.  
Raleigh, NC 27609

Please allow 3 business days after receipt for processing. Thank you.