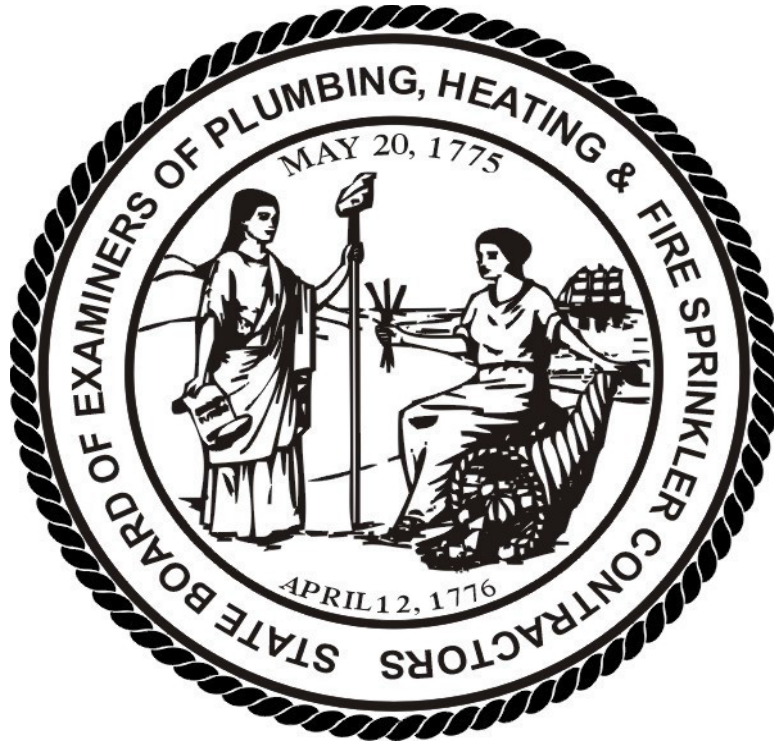


STATE BOARD OF EXAMINERS OF PLUMBING, HEATING, & FIRE SPRINKLER CONTRACTORS



APPLICATION PACKET FOR PERSONS APPLYING FOR PLUMBING, HEATING OR FUEL PIPING CONTRACTOR 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) and a current North Carolina Business and Project Management for Contractors book (Plumbing, Heating and Fire Sprinkler Contractors' Edition) issued by the Board 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 the required books and is prepared to test.

Read all of the following information carefully. It is extremely important that you follow instructions. Failure to follow the instructions can result in the return of your application or a delay in processing.

Incomplete applications will be returned. - Exam fee is non-refundable. - Please do not send cash.

If you would like confirmation that your application was received in our office, please use a delivery service which provides tracking. Depending on the current volume of applications, application processing can take 4-6 weeks. Please do not call or email the office to confirm receipt or to check the status of your application. You will receive notice via email when your information is put into the system.

If our staff needs additional information, you will be asked to provide it. If your application is approved, you will be notified and will receive instructions for scheduling your exam with the third-party exam provider, PSI.

A completed application packet, background criminal record check, and experience forms verified by our staff must be received, reviewed, and approved by staff before you will be qualified to sit for the examination.

All applicants are required to utilize "CastleBranch.com" to obtain a nationwide criminal background record report. Instructions for ordering the report are included in this application. Applicants are required to pay the reporting service for the cost of the report. You must include a printed copy of the report with your application.

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.

Mail completed application packet and check or money order for examination fee to:

**State Board of Examiners of Plumbing,
Heating and Fire Sprinkler Contractors
1109 Dresser Court
Raleigh, NC 27609-7302**

Application Checklist: Please make sure that you are including all the following in your application package:

- ☐ W-2s, 1099, or Detailed Description of Earnings from the Social Security Administration (tax returns for the firm if you are self-verifying)
- ☐ Printed copy of Criminal Background check from Castlebranch
- ☐ Form 1-B and/or 1-C and/or 1-D including the total number of hours and percentage performing specified tasks, using a separate form for each qualification you seek.
- ☐ Included a check or money order or have asked to be billed online.
- ☐ Confirmed that all signatures are included and that those requiring a notary seal have been properly notarized.
- ☐ Statement(s) describing any criminal charges, convictions, incarcerations, paroles, probations, etc.
- ☐ I have all of the reference materials listed in the Book Reference List and I am prepared to take the exams.

Technical Examination Waiver Agreements

§ 87-21. Definitions; contractors licensed by Board; examination; posting license, etc.

(g) The Board may, in its discretion, grant to plumbing, heating, or fire sprinkler contractors licensed by other states license of the same or equivalent classification without written examination upon receipt of satisfactory proof that the qualifications of such applicants are substantially equivalent to the qualifications of holders of similar licenses in North Carolina and upon payment of the usual license fee.

G.S 87-21(g) gives the Board the authority to grant certain exceptions to the required experience and examination requirements for contractor licensing eligibility. This can only be done after a complete and exhaustive review of the experience and examination requirements of another state, which is conducted to determine if the requirements of the other state are substantially equivalent to the North Carolina requirements for licensing.

There is no license reciprocity. All applicants must meet the North Carolina experience requirements. The technical exam waiver applies only to the technical section of the exam. Anyone who meets the experience requirements and technical examination waiver requirements must still take and pass the required North Carolina business section of the exam.

At the current time, North Carolina has a technical examination waiver agreement with only the state(s) listed below for only the license(s) listed below.

There are currently no other waivers available for any other states or any other licenses.

<u>State</u>	<u>Active Contractor License</u>	<u>Eligible for North Carolina License</u>
South Carolina	Residential Plumbing	Plumbing – Class II
South Carolina	Residential HVAC	Heating Group 3 – Class II
South Carolina	Commercial Mechanical, Plumbing (PB)	Plumbing – Class I
South Carolina	Commercial Mechanical, Heating (HT)	Heating Group 1 – Class I Heating
South Carolina	Commercial Mechanical, Air Conditioning (AC)	Group 2 and Heating Group 3 - Class I
South Carolina	Commercial Mechanical, Packaged Equipment (PK)	Heating Group 3 - Class I

You must request a License Verification from the South Carolina Licensing Board that issued your license (Residential or Commercial). Their staff will complete the document and email it to the North Carolina Board.

Contact the South Carolina Residential Board at Contact.rbc@llr.sc.gov

Contact the South Carolina Commercial Board at Contact.CLB@llr.sc.gov

Military Veterans Licensure Without Examination

The applicant satisfies the following conditions:

- (1) Has been awarded a military occupational specialty and has done all of the following at a level that is substantially equivalent to or exceeds the requirements for licensure of the occupational licensing board from which the applicant is seeking licensure in this State: completed a military program of training, completed testing or equivalent training and experience, and performed in the occupational specialty.
- (2) Has engaged in the active practice of the occupation for which the person is seeking a license, certification, or permit from the occupational licensing board in this State for at least two of the five years preceding the date of the application under this section.
- (3) Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State at the time the act was committed.
- (4) Pays any fees required by the occupational licensing board for which the applicant is seeking licensure in this State. (\$30.00 application fee \$150.00 annual License fee)

No later than 30 days following receipt of an application, this licensing occupational licensing board shall notify an applicant when the applicant's military training or experience DOES NOT satisfy the requirements for licensure, and shall specify the criteria or requirements that the board determined that the applicant failed to meet and the basis for that determination.

Establishing Experience Requirements for Military Spouses

Consistent with GS93B – 15.1, the Board accepts the experience of our military veterans as evidence in obtaining license from the Board. The Board considers the nature of the military program of training, completed testing or equivalent training and experience and performance in the plumbing, heating, or fuel piping contracting.

MILITARY SPOUSES

Pursuant to the same Statute and rule cited above, military spouses may obtain license by presenting evidence of licensure in other states and a sworn statement from a licensing authority with respect to the nature of the examination and experience.

To work here he/she has to have a NC license issued by the State Board of Plumbing, Heating & Fire Sprinkler Contractors. The applicant is going to have to demonstrate he/she holds a valid plumbing, heating, or fuel piping contractor license in another state, complete an application, allow time to review of that application to confirm substantially equivalent licensure, and pay a \$30 application fee and annual license fees of \$150.

The military spouse must satisfy the following conditions:

- (1) Holds a current license or certification from another jurisdiction, and that jurisdiction's requirements for licensure or certification are substantially equivalent to or exceed the requirements for licensure or certification of the occupational licensing board for which the applicant is seeking licensure, or certification in this State.
- (2) Can demonstrate experience for at least two years in the installation, maintenance, service or repair of systems for licensure.
- (3) Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State at the time the act was committed.
- (4) Is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license, certification.
- (5) Pays any fees required by the occupational licensing board for which the applicant is seeking licensure, certification, or registration in this State.

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

Home Address: (required)

Street/PO Box _____

Work Address:

Street/PO Box _____

City _____ State _____ City _____ State _____

Zip _____ County _____ Zip _____ County _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell: _____

Home Physical Address: _____
Street City State Zip

Indicate which examination you wish to take (confirm the appropriate class and group desired in General Statutes Chapter 87, Article 2 : Class II for single family detached residential dwellings and Class I for commercial, residential, industrial and institutional buildings).

Mark desired examination(s): A separate application should be filled out for each classification of license

Plumbing Class I

Heating Group 1 Class I

Heating Group 2

Heating Group 3 Class I

Plumbing Class II

Heating Group 1 Class II

Heating Group 3 Class II

Restricted Limited Plumbing

Fuel Piping

Cost: \$100 per exam payable by check or money order

Check here if you would like to be billed online and pay with a credit card.

Complete if you hold, or have held, a license issued by this Board: License Number _____ Qualification(s) _____

Applicants who fail the business portion of an H1-I, H2, H3-I or P-I only, but pass the technical portion of the exam may request a Technician license based on passage of the technical portion of the exam.

This does not apply to the H1-II, H3-II or P-II exam, as technicians must be tested on Class I material.

If you wish to take the exam outside of North Carolina, please indicate the State: _____

Applicant's signature _____ **Date:** _____

Note: Applicants who hold an active Plumbing, Heating or Fuel Piping Technician license obtained by examination may obtain the Plumbing, Heating or Fuel Piping Contractor license in the same category by passage of only the business portion of the exam.

Applicant's Criminal Record Information

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 _____

You must obtain a Criminal Background Report from CastleBranch.com

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 you will be able to view, download and print your background check results.

You must print all pages of your certified back ground check and include them with your application

If you have questions regarding your report, you should contact CastleBranch directly.

www.CastleBranch.com

Phone: (888)666-7788

info@castlebranch.com

CURRENT / PAST NORTH CAROLINA LICENSED EMPLOYER STATEMENT

NOTE TO LICENSEE VERIFYING EXPERIENCE: Upon request of the applicant, you must complete this form to the extent of your knowledge. 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 a Formal Hearing of the Board.

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.

Employment records (W2s and/or 1099s) supporting this verification must be included with the application. The license holder verifying experience must hold the qualification being sought.

I certify that (applicant's full name) _____

Completed the hands-on work under my license and direct supervision as described below. (I have verified only the experience applicable to the field for which examination is requested.)

(Check only 1 examination that applies to the documented experience and qualifications of the applicant.) Use additional forms as needed.

Plumbing Class I	Heating Group 1 Class I	Heating Group 2	Heating Group 3 Class I
Plumbing Class II	Heating Group 1, Class II		Heating Group 3 Class II
Restricted Limited Plumbing		Fuel Piping	

First Date applicant worked under my supervision _____

Last Date applicant worked under my supervision _____

Document below the specific and detailed ***hands-on*** experience this applicant acquired while working for your firm pertaining to the qualification checked above only.

Total number of hours of hands-on experience listed with the above firm: _____ HOURS

What % of above experience was maintenance, service, and/or repair: _____ %

What % of above experience was installation: _____ %

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_____

(SEAL)

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____

APPLICANT EMPLOYMENT HISTORY

If the applicant **did not** work under a NC licensee of our Board holding the license being sought, this form must be completed verifying the minimum hours of experience required by law. 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 copies of this form 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.

Employment records (W2s and/or 1099s) supporting this verification must be included with the application. The license holder verifying experience must hold the qualification being sought.

I certify that (applicant's full name) _____ performed design, installation, service or repair work as described below in the classification circled.

(I have verified only the experience applicable to the field for which examination is requested.)

(check **only one** examination that applies to the documented experience and qualifications of the applicant.)

Plumbing Class I	Heating Group 1 Class I	Heating Group 2	Heating Group 3 Class I
Plumbing Class II	Heating Group 1, Class II		Heating Group 3 Class II
Restricted Limited Plumbing		Fuel Piping	

First Date applicant worked under my supervision _____

Last Date applicant worked under my supervision _____

Document below the specific and detailed **hands-on** experience this applicant acquired while working for your firm pertaining to the qualification circled above only.

Total number of hours of hands-on experience listed with the above firm: _____ HOURS

What % of above experience was maintenance, service, and/or repair: _____ %

What % of above experience was installation: _____ %

Print – Individual Confirming Experience _____

Company Name (if applicable) _____

Signature of Individual Confirming Experience _____

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 _____

Complete the form ONLY if experience is from the Government/Military Agency
Include Form DD-214 with this form and application

APPLICANT EMPLOYMENT HISTORY

This form is required to be completed if the supervisor of the applicant while the applicant was employed and on active duty while serving in the military. 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 copies of this form to list all of your past employment history that applies.

Employment records (W2s and/or 1099s) supporting this verification must be included with the application. The license holder verifying experience must hold the qualification being sought.

I certify that (applicant's full name) _____
performed design, installation, service or repair work as described below in the classification circled.

(I have verified only the experience applicable to the field for which examination is requested.)

(check **only one** examination that applies to the documented experience and qualifications of the applicant.)

- Plumbing Class I
- Heating Group 1 Class I
- Heating Group 2
- Heating Group 3 Class I
- Plumbing Class II
- Heating Group 1, Class II
-
- Heating Group 3 Class II
- Restricted Limited Plumbing
- Fuel Piping

First Date applicant worked under my supervision _____

Last Date applicant worked under my supervision _____

Document below the specific and detailed **hands-on** experience this applicant acquired while working for your firm pertaining to the qualification circled above only.

Total number of hours of hands-on experience listed with the above firm: _____ HOURS

What % of above experience was maintenance, service, and/or repair: _____%

What % of above experience was installation: _____%

Print – Individual Confirming Experience

Company Name (if applicable)

Signature of Individual Confirming Experience

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 _____