

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.

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_____

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____

SEAL

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_____

NOTARY PUBLIC (Signature and printed name)

SEAL

MY COMMISSION EXPIRES _____