

**STATE BOARD OF EXAMINERS OF
PLUMBING, HEATING, AND FIRE
SPRINKLER CONTRACTORS**



**APPLICATION PACKET FOR PERSONS APPLYING TO OBTAIN A FIRE
SPRINKLER INSPECTION TECHNICIAN LICENSE**

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

All applicants are required to utilize "CastleBranch.com" to submit a nationwide criminal record report to the Board (attach a paper copy of the background report to this application). Applicants are required to pay the reporting service for the cost of the report. **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. The Board shall not consider the examination application of a person who has been convicted of a crime involving fraud or moral turpitude until at least one year has elapsed following the applicant's completion of the terms and conditions of any punishment for the conviction, except for unsupervised probation.**

For those applying for licensing with NICET LEVEL II Certification:

This license is for persons performing **NFPA-25** inspections **ONLY** and **does not** allow the license holder to contract for NFPA-25 inspections. Application must be completed in full and returned with the non-refundable application fee of \$30.00 and the license fee of \$150.00. **This license qualification is for a Technician not a Contractor and therefore cannot be used to contract business.**

If the application is denied the license fee will be returned to the applicant. The applicant must return a completed application along with a copy of their **NICET II** certification in **Inspection and Testing of Water based Protection Systems**. Be sure contact information is complete as it may be necessary to contact the applicant. Application must be signed by the applicant. This license is renewable annually on December 31st of each year. Complete application must be received in the office one week prior to the next available test date to be considered for that date.

License Requirements:

- **Current** NICET II certification in Inspection and Testing of Water based Protection Systems
- Must be employee of a **licensed** fire sprinkler inspection contractor or hospital, manufacturing, government or university facility.

For those applying without NICET II Certification: Please follow the instructions below:

You must: **Work full-time under a licensed fire sprinkler inspection contractor (or)**

Work full-time at a manufacturing, government, university or hospital facility which provides or arranges academic and practical training in fire sprinkler inspections consistent with NFPA-25.

Applicants for examination for Fire Sprinkler Inspection Technician shall submit evidence adequate to establish that the applicant has 4000 (2 years) hours experience involved in inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25. This license qualification is for a Technician not a Contractor and therefore cannot be used to contract business. See Applicant Checklist in the back of the application package to ensure return of a completed application. Application must be returned with \$100 exam fee. When an application is approved, Applicant will be notified by mail of next available exam dates. The exam will be open book and given at the Board's office. Further information will be included with approval information. The only references necessary for the exam are the General Statutes, Laws & Rules, January 2015 edition (available from the Board) and NFPA-25 Inspection, Testing, and Maintenance of Water-based Fire Protection Systems, 2011 edition. Complete application must be received in the office one week prior to the next available test date to be considered for that date.

The examination is designed to measure the applicant's knowledge of the process of performing NFPA inspections. Each question has only one correct answer. Therefore, the examinee should read each question carefully and then select the one answer that is the most complete and correct. Each examination question is designed to test one particular point of the subject matter. The wording is straightforward and there is no intent to mislead or present "trick" questions.

TO ALL LICENSEES

If any former employee asks that you sign a form verifying his/her work experience so as to qualify for an examination, you must complete these forms to the extent of your knowledge.

An unjustified refusal to sign appropriately documented forms provided by the applicant will lead to an appearance before the Board's Resolution Committee.

The Board understands that on occasion employees are dismissed due to lack of skill, tardiness, substance abuse, theft or other reasons. In such situations, you may wish to provide additional information to the Board by separate letter addressed to Exam Coordinator. The Board will consider all such information within the limits of its duty and authority.

**CHAPTER 50 – BOARD OF EXAMINERS OF PLUMBING, HEATING AND FIRE
SPRINKLER CONTRACTORS.**

FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE

21 NCAC 50 .0301 QUALIFICATIONS DETERMINED BY EXAMINATION

(d) Applicants for licensure in the Fire Sprinkler Inspection Technician classification must pass the technical examination offered by the Board. The Board will accept the results of NICET examination resulting in Level II Certification in “Inspection and Testing of Water-based Protection Systems” by NICET in lieu of the *Board administer* examination. Persons who obtain license as a Fire Sprinkler Inspection Technician based on NICET certification must maintain such certification as a condition of license renewal.

*History Note: Authority G.S. 87-18; 87-21(a); 87-21(b);
Amended eff. July 3, 2012; Jan 1, 2010; May 1, 2006*

21 NCAC 50 .0306 APPLICATIONS: ISSUANCE OF LICENSE

(e) Applicants for examination or licensure in the Limited Fire Sprinkler Inspection Technician classification shall submit evidence adequate to establish that the applicant has either:

- (1) 4000 hours experience involved I inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25, as a full-time employee of a Fire Sprinkler Contractor or fire insurance underwriting organization; or
- (2) 4000 hours experience involved in inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25 as a full time employee of a hospital, manufacturing, government or university facility and under direct direct supervision of a Fire Sprinkler Inspection Contractor or a Fire Sprinkler Inspection Technician;
- (3) 4000 hours experience involved in installation of fire sprinkler systems as a full-time employee of a Fire Sprinkler Installation Contractor or
- (4) a combination of 4000 hours experience in any of the categories listed in this Paragraph

*History Note: Authority G.S. 87-18; 87-21 (b)
Amended eff. July 3, 2012; January 1, 2010; June 1, 2006*

21 NCAC 50 .0513 LIMITED FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE

- (a) License in the Limited Fire Inspection Technician classification is required of the technician who carries out periodic inspection of fire sprinkler systems consistent with NFPA-25.
- (b) Periodic observation and testing of systems other than NFPA-25 system certification may be carried out by Fire Sprinkler Maintenance Technicians licensed under Rule .0515 of this Chapter. Insurers who carry out inspections for the limited purpose of underwriting or rating for insurance purposes, in situations where the physical tasks are carried out by the on-site Fire Sprinkler Maintenance Technician licensee of the insured, are not required to be licensed pursuant to this Rule. All NFPA-25 reports and system tags must display the name and signature of the licensee who performed the actual inspection as well as the licensee number of the inspection contractor: except that where the Fire Sprinkler Inspection Technician license is issued in the name of a manufacturing, government, university or hospital facility as set out in this Rule, the NFPA-25 report and system tags must display the name, signature and license number of the Inspection Technician.
- (c) Licenses shall be issued based on experience and examination, or on experience and certification, as described in Rules .0301 and .0306 of this Chapter and expire annually.
- (d) The duties of Fire Sprinkler Inspection Technicians may be carried out as employees of Fire Sprinkler Inspection Contractors or as full-time employees at a manufacturing, government, university or hospital facility. Fire Sprinkler Inspection Technician licenses shall be issued and listed either as sub-licenses of Fire Sprinkler Inspection Contractors or as a Fire Sprinkler Inspection Technician license in the name of the manufacturing, government, or hospital facility where the Fire Sprinkler Inspection Technician is employed.

*History Note: Authority G.S. 87-21
Eff. January 1, 2004
Amended Eff. January 1, 2010; March 1, 2005*

STATE BOARD OF EXAMINERS OF PLUMBING, HEATING & FIRE SPRINKLER CONTRACTORS - RALEIGH, NC APPLICATION FOR FIRE SPRINKLER TECHNICIAN

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 _____ (Required)

Home Address:

Street/PO Box _____

Work Address:

Street/PO Box _____

City _____ State _____

City _____ State _____

Zip _____ County _____

Zip _____ County _____

Cell Phone: _____

Work Phone: _____

Email: _____

Fax: _____

Home Physical Address: _____ Street City State Zip

Fees: Non-refundable: \$30 app fee for those applying with NICET \$150 activation fee Included **Please bill me

\$100 exam fee for those without NICET Included **Please bill me

**To be billed online you must have a valid email address.

In what specific name will this license be listed? _____ (List the name of the manufacturing, government, university or hospital facility where you are employed or the name of the company where you are employed. If you are employed with a company, the company must have a valid Fire Sprinkler Inspection Contractor license listed in the name of the company before we will issue your license.)

License Number of Fire Sprinkler Inspection Contractor listed above: _____

If you are currently or were previously issued a license by this Board, enter your license number and qualifications: License number _____ Qualification _____

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: _____

On this application, the Board asks questions about a license applicant’s criminal history. In addition to the questions on this application, the Board may conduct a formal criminal or disciplinary history check. Answering “yes” to any of these questions or having a conviction, disciplinary or adverse employment action is not automatically a basis for denial of licensure.

When an applicant has a criminal conviction, the Board will consider:

- (1) The level and seriousness of the crime.
- (2) The date of the crime.
- (3) The age of the person at the time of the crime.
- (4) The circumstances surrounding the commission of the crime, if known.
- (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (6b) A Certificate of Relief granted pursuant to North Carolina Gen. Stat. § 15A-173.2.
- (7) The subsequent commission of a crime by the applicant.
- (8) Any affidavits or other written documents, including character references.

If Board staff is unable to approve an application, the applicant has the right to request to have that application heard by the members of the Board. Any such request should be submitted in writing to the Board’s Executive Director. The Board will conduct that hearing pursuant to the North Carolina Administrative Procedure Act and the Board’s own hearing rules. As a result of the evidence presented at that hearing and considering the considerations outlined above, the Board may refuse to grant or may condition a license if it finds any of the grounds for doing so under North Carolina Gen. Stat. § 90-85.38(a).

If the applicant wishes to appeal the Board’s final decision, the applicant may seek review of the decision by filing a petition for judicial review in the Superior Court pursuant to Article 4 of the Administrative Procedure Act, North Carolina Gen. Stat. § 150B-43 et seq.

Complete the form ONLY if your employer is a licensed Fire Sprinkler Inspection Contractor-Not required for NICET Level II

Applicant Employment History

NOTE TO LICENSEE VERIFYING EXPERIENCE: 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. After the licensee signs this notarized affidavit verifying the required experience, the employment records (W-2s or 1099s must be submitted with this application. 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.

This is to certify that (Applicant's full name) _____ is/was employed working under my fire sprinkler inspection contractor license and has experience involved in inspections and testing of previously installed fire sprinkler systems, consistent with NFPA-25.

Dates Working Under Your License: (month/year) Start Date _____ to _____

Document below the specific and detailed duties this applicant performed while working under your license for a firm.

Total Hours employed by your firm performing installation, inspection, service or repairs _____ hours.

Percent of the above listed experience (being confirmed) performing NFPA-25 Inspections _____ %

Percent of the above listed experience (being confirmed) performing other tasks _____ %

Licensee Confirming Experience _____ License Number _____
(Print name)

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 & PRINTED NAME)

MY COMMISSION EXPIRES _____

Complete the form **ONLY** if your employer is one of the following: Not required for NICET Level II Hospital, Manufacturer, University or Government Agency

Applicant Employment History

This form is required to be completed by the supervisor of the applicant while the applicant was employed at a hospital, manufacturer, university or government agency. The applicant **must complete this form and attach W-2s and/or 1099s to verify experience.** In completing this form, please document a thorough and concise employment history detailing NFPA-25 inspection experience. You may make photocopies of this form in order to list all of your past employment history that applies.

Note: Attach copies of W-2s or 1099s matching time(s) of employment history listed on this form.

Applicant's Full Name _____

Employer Name _____ Employer's Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Dates Employed: (month/year) Start Date _____ to _____

Positions Held _____

Supervisor's Name _____

Detailed description of applicant's duties _____

Total Hours employed by your firm performing installation, inspection, service or repairs _____ hours.

Percent of the above listed experience (being confirmed) performing NFPA-25 Inspections _____ %

Percent of the above listed experience (being confirmed) performing other tasks _____ %

Person Confirming Experience _____ Company name (if applicable) _____
(Print name)

Signature of Person Confirming Experience _____ Date _____

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL) _____
(NOTARY PUBLIC SIGNATURE & PRINTED NAME)

MY COMMISSION EXPIRES _____

Complete the form ONLY if your experience cannot be verified by a North Carolina Fire Sprinkler Contractor licensee or the supervisor of a Hospital, Manufacturer, University of Government Agency. Not required for NICET Level II

Applicant Employment History

This form is required to be completed by the supervisor of the applicant while the applicant was employed at a hospital, manufacturer, university or government agency. The applicant **must complete this form and attach W-2s and/or 1099s to verify experience.** In completing this form, please document a thorough and concise employment history detailing NFPA-25 inspection experience. You may make photocopies of this form in order to list all of your past employment history that applies.

Note: Attach copies of W-2s or 1099s matching time(s) of employment history listed on this form.

Applicant's Full Name _____

Employer Name _____ Employer's Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Dates Employed: (month/year) Start Date _____ to _____

Positions Held _____

Supervisor's Name _____

Detailed description of applicant's duties _____

Total Hours employed by your firm performing installation, inspection, service or repairs _____ hours.

Percent of the above listed experience (being confirmed) performing NFPA-25 Inspections _____ %

Percent of the above listed experience (being confirmed) performing other tasks _____ %

Person Confirming Experience _____ Company name (if applicable) _____
(Print name)

Signature of Person Confirming Experience _____ Date _____

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL) _____
(NOTARY PUBLIC SIGNATURE & PRINTED NAME)

MY COMMISSION EXPIRES _____

A completed Application Packet includes:

- Completed Original Application – Form 4-A, B, C or D (only complete experience requirements if not using a NICET certification).
- Copy of NICET Certification (if needed)
- Copy of Certified Background check –Attach to application
- Check or money order for \$30 application fee (non-refundable) if applying with NICET
- Check or money order for \$150 License Fee (will be returned if application is denied)
- Check or money order for \$100 exam fee (if needed)

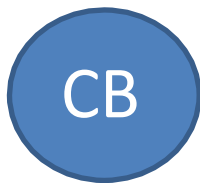
THE MOST COMMON REASONS APPLICATIONS ARE RETURNED

1. Correct fees are not included with application
2. Applications are not properly signed and notarized
3. Forms are not filled out completely
4. Wrong application used
5. Check is not signed
6. All forms are not included in packet
7. CastleBranch Background Report not attached.

Incomplete applications will be returned.

Mail Completed Application Packet and Application Fee to:

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



CastleBranch

**Applicant Instructions to Obtain
Certified Back Ground Check For
State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors**

The above organization has chosen CastleBranch.com as an approved source for background checks.

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, your organization will automatically be able to view your background check results. You can also supply the password to anyone else that needs to see your results. Please print a copy of your certified back ground check and include the copy with your application Must submit copies of all pages of criminal background report with application.

www.CastleBranch.com
Phone: (888)666-7788
info@castlebranch.com

State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors

1109 Dresser Court Raleigh, NC 27609 **Phone:** 919-875-3612 **Fax:** 919-875-3616
www.nclicensing.org

BOOK ORDER FORM

Name: _____ **License #:** _____

Company Name: _____

Ship To: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Phone:** _____

Email: _____

Book	Qty	Price (tax included)	Subtotal	Shipping/Handling	Total
Board Laws and Rules ONLY		X \$10.73 (ea)		+\$4.27 (per book)	
Business & Project Management for Contractors (5 th Edition) ONLY		X \$83.66(ea)		+\$6.00 (per book)	
Complete Set – Includes Both Books		X \$94.39(ea)		+\$7.75 (per set)	
6 Books or More, Call for Shipping Quote				ORDER TOTAL	

**ALL BOOK SALES ARE FINAL
NO RETURNS - NO REFUNDS - NO EXCHANGES - NO EXCEPTIONS**

Mail completed form with payment made out to "State Board of Examiners" to

*State Board of Examiners
1109 Dresser Ct.
Raleigh NC 27609*

Please Allow 5-7 Business Days for Shipping

THANK YOU FOR YOUR BUSINESS

ADD SUBLICENSEE FORM

2-2021

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

Email form for fastest processing: dsoltys@nclicensing.org

You will be emailed a link to pay the \$25 fee before processing or you may mail in a check or money order.

This original notarized form must be mailed to our office within 10 days.

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.

My license is currently listed in a company name. I authorize you to put it back in my name for an additional \$25. All sublicensees **must be listed in their individual names.**

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 _____