

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



**APPLICATION PACKET FOR PERSONS APPLYING QUALIFYING
FOR
PLUMBING, HEATING OR FUEL PIPING TECHNICIAN LICENSE**

All applicants for examination should have the required reference books prior to submitting this application. The Book Reference Listing is available on the Exam Information page of the Board's website.

By submitting this application, applicants are indicating that they are ready to take the examination(s) (if required).

Incomplete applications will be returned. A completed application packet, background criminal record check, and experience forms verified by our staff must be received in this office before you will be qualified to sit for the examination.

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.**

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 only. 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 the Full Board.

IF MORE THAN ONE EMPLOYER IS LISTED, AN EMPLOYMENT VERIFICATION FORM (1-B or C) MUST BE COMPLETED, SIGNED AND NOTARIZED BY EACH EMPLOYER.

Additional Information in Establishing Experience Requirements

Plumbing, Heating & Air Conditioning Technician: You are required to have a total of 3,000 hours experience in the installation, maintenance, service or repair to sit for any single plumbing or heating technician examination.

Fuel Piping Technician: You are required to have a total of 1,500 hours experience in the installation, maintenance, service or repair to sit for a Fuel Piping technician examination.

EXPERIENCE

Working experience gained by the applicant while engaged actively and directly in the installation of plumbing, heating or cooling work activities directly related thereto.

1. Education courses taught at a college, university, community college or technical institute (certificate program based on semester hours or diploma program based on semester hours) applicable to the specific trade – 50%
2. If you hold a contractor's license with this Board and are seeking the **equivalent** technician license you are **exempt from examination.**

An H3-I licensee can receive 50% credit on an H-2 application.

Other experience: The Board may approve other experience that it finds to be equivalent or similar.

**Please mail completed application & fees to: State Board of Examiners
1109 Dresser Ct
Raleigh, NC 27609**

Fees required: \$100 exam fee **OR** For contractors seeking an equivalent technician license to go into a State or Local Government Entity or Private Educational Institute: \$30 application **and** the license fee \$75 for subs going in under a current qualifier or \$150 to become the qualifier for a State & Local Government Entity or Private Educational Institution. **Please call if you need assistance calculating your fee.**

Application

Please print legibly in black ink or type into application. (All names must be full names not an initial.)

Name, First: _____ Middle: _____ Last: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Home Address (required) _____ City _____ State _____ Zip _____

Work Address (required) _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

License to be issued as (School or Government Entity): _____

***License to be added to (current license holder number) if there is already a license holder at the state, government or company location use this field: _____**

Technician Qualifications: Please indicate which technical qualification you are applying for:

- Plumbing Tech Class I** **Plumbing Tech Class II** **Heating Group 2 Technician**
- Fuel Piping Technician** **Heating Group 1 Tech Class I** **Heating Group 1 Tech Class II**
- Heating Group 3 Tech Class I** **Heating Group 3 Tech Class II** **Fuel Piping Tech Class II**

Examination Fee \$100.00 per exam and is non-refundable

**If you are applying for licensure without exam \$30 application fee & \$150 activation fee
Check here if you would like to pay with a credit card: **you must have a valid email on file.**

If you are a current license holder for the Board, please indicate your number and qualification(s)

License Number: _____ Qualification(s): _____

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.*

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 background check and include them with your application.

If you have questions regarding your report, you should contact CastleBranch Directly. (888)666-7788 or 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 Tech Plumbing Tech Class II Heating 1 Tech Heating I Tech Class II Heating 2 Tech

Heating Group 3 Tech Class I Heating 3 Tech Class II Fuel Piping Tech Class I Fuel Piping Tech Class II

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 & 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 Tech I Plumbing Tech Class II Heating 1 Tech Heating I Tech Class II Heating 2 Tech
- Heating Group 3 Tech Heating 3 Tech Class II Fuel Piping Tech I Fuel Piping Tech Class II

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: _____ %

Signature of Individual Confirming Experience

Date

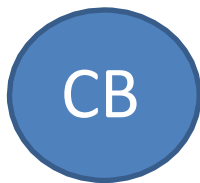
STATE OF _____ COUNTY OF _____

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

(SEAL)

(NOTARY PUBLIC SIGNATURE & PRINTED NAME)

MY COMMISSION EXPIRES _____



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

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 _____