

STATUS OF APPLICANT AND CURRENT EMPLOYMENT:

4. What is your title or position with your current firm? _____
5. Does this firm have a Registered Landscape Contractor in its employment? ____ Yes ____ No. If yes, list name and certificate No. _____
6. How long has this business been in operation? _____
7. Does this firm have more than one location? ____ Yes ____ No. If yes, list all locations: _____
8. How long have you been engaged in the landscaping business? _____
9. Have you ever been registered as a Landscape Contractor in NC? ____ Yes ____ No
10. Have you ever been registered as a Landscape Contractor in any other states? ____ Yes ____ No. If Yes, list all states and certificate numbers: _____

Please send a copy of the law in the other states.

11. QUALIFICATION REQUIREMENTS:

To be eligible for the WRITTEN EXAMINATIONS the applicant must

- (1) Be at least 18 years of age
- (2) Be of good moral character
- (3) Furnish evidence satisfactory to the Board of three years experience in landscape contracting.
- (4) Or furnish evidence satisfactory to the Board of experience or a combination of education and experience in landscape contracting equivalent to three years experience.

12. EDUCATION:

A. Give Name & Location of Last High School Attended	Circle Highest Grade Completed				Diploma Received	
	9	10	11	12		
B. Name and Location of College or University	Major Course	Dates			Degree Received	
C. Name and Location of Technical or Other Schools						

**** TRANSCRIPT IS REQUIRED IF CREDIT IS TO BE GIVEN FOR EDUCATIONAL ATTAINMENT BEYOND HIGH SCHOOL LEVEL.**

13. EXPERIENCE: List your experience record, starting with your present position and working back.

A. NAME AND ADDRESS OF EMPLOYER	FIRM:
	Address
	City _____ State _____ Zip _____ Telephone () _____
NAME OF IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT	From _____ To _____ (Month, Day, Year) (Month, Day, Year)
NATURE OF WORK PERFORMED BY EMPLOYER	
YOUR SPECIFIC DUTIES	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____

B. NAME AND ADDRESS OF EMPLOYER	FIRM:
	Address
	City _____ State _____ Zip _____ Telephone () _____
NAME OF IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT	From _____ To _____ (Month, Day, Year) (Month, Day, Year)
NATURE OF WORK PERFORMED BY EMPLOYER	
YOUR SPECIFIC DUTIES	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____

C. NAME AND ADDRESS OF EMPLOYER	FIRM:
	Address
	City _____ State _____ Zip _____ Telephone () _____
NAME OF IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT	From _____ To _____ (Month, Day, Year) (Month, Day, Year)
NATURE OF WORK PERFORMED BY EMPLOYER	
YOUR SPECIFIC DUTIES	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____

If necessary, please list additional work information on separate sheet and attach to application.

14. **CLIENT VERIFICATION:** If your experience is based on self-employment, list the names and address of six clients who can attest to your work for them:

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone (____) _____	Telephone (____) _____

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone (____) _____	Telephone (____) _____

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone (____) _____	Telephone (____) _____

15. **REFERENCES:** List three (if self-employed) or four (if employed) **personal references with complete addresses.** It is desired that one reference be a registered landscape contractor. Do not include relatives or persons living outside the United States or its territories.

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone (____) _____	Telephone (____) _____

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone (____) _____	Telephone (____) _____

16. **CONVICTION OF CRIMES:** Have you ever been convicted or entered a plea of "Nolo Contendere" to any crime involving moral turpitude in any court, State or Federal? (Extracted from G.S. 89D-7)? ___ Yes ___ No. If yes, explain fully. _____

I, the undersigned, hereby apply for a certificate, under the terms of Chapter 89-D of the General Statutes of North Carolina, and affirm the truth and accuracy of all statements and answers herein contained, with full knowledge of the fact that FALSE OR FRAUDULENT REPRESENTATION IS GROUNDS FOR SUSPENSION or REVOCATION OF A CERTIFICATE.

Subscribed and sworn to before me this _____ Day of _____, 20____, Notary Public in and for the County of _____ State of _____ My Commission Expires: _____	(Signature of Applicant) BE SURE APPLICATION IS PROPERLY SIGNED AND NOTARIZED. CHECK TO SEE THAT ALL QUESTIONS ARE FULLY ANSWERED. (Incomplete applications will be returned) AND \$75 IS ATTACHED. Please make a copy of your application before sending original to NCLCRB.