APPLICATION PACKET FOR ACTIVE MILITARY OR MILITARY VETERANS APPLYING FOR PLUMBING, HEATING, FUEL PIPING OR FIRE SPRINKLER INSTALLATION CONTRACTOR LICENSE WITH OR WITHOUT EXAMINATION
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.

Mail Completed Application Packet and Examination Fee to:

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

License Definitions

 Plumbing is hereby defined to be the system of the system of pipes, fixtures, apparatus and appurtenances, installed upon the premises, or in a building, to supply water thereto and to convey sewage or other waste there from.

 Heating, Group 1 shall be deemed and held to be the heating system of a building, which requires the use of high or low pressure steam, vapor or hot water, including all piping, ducts, and mechanical equipment appurtenant thereto, within, adjacent to or connected with a building, for comfort heating.

 Heating, Group 2 means an integral system for heating or cooling a building consisting of an assemblage of interacting components producing conditioned air to raise or lower the temperature, and having a mechanical refrigeration capacity in excess of fifteen tons, and which circulates air. Systems installed in single-family residences are included under heating group number three, regardless of size.

 Heating, Group 3 shall be deemed and held to be a direct heating or cooling system of a building that raises or lowers the temperature of the space within the building for the purpose of comfort in which electric heating elements or products of combustion exchange heat either directly with the building supply air or indirectly through a heat exchanger using an air distribution system of ducts and having a mechanical refrigeration capacity of 15 tons or less

 Fuel Piping, for use by persons who do not possess the required Class I or Class II plumbing or heating license, but desire to engage in the contracting or installing of fuel piping extending from an approved fuel source at or near the premises, which piping is used or may be used to supply fuel to any systems, equipment, or appliances located inside the premises.

 Class I for commercial, residential, industrial and institutional buildings.
 Class II for single family detached residential dwellings.

Fire Sprinkler Installation

Fire Sprinkler means an automatic or manual sprinkler system designed to protect the interior or exterior of a building or structure from fire, and where the primary extinguishing agent is water. These systems include wet pipe and dry pipe systems, pre-action systems, water spray systems, foam water sprinkler systems, foam water spray systems, non-freeze systems, and circulating closed-loop systems. These systems also include the overhead piping, combination standpipes, inside hose connections, thermal systems used in connection with the sprinklers, tanks, and pumps connected to the sprinklers, and controlling valves and devices for actuating an alarm when the system is in operation. This subsection shall not apply to owners of property who are building or improving farm outbuildings. This subsection shall not include water and standpipe systems having no connection with a fire sprinkler system. Nothing herein shall prevent licensed plumbing contractors, utility contractors, or fire sprinkler contractors from installing underground water supplies for fire sprinkler systems.
Establishing Experience Requirements without examination

Consistent with G.S. 93B-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 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 $130.00 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.

**MILITARY VETERANS LICENSURE WITH EXAMINATION**

1. Presents official, notarized documentation, such as a U.S. Department of Defense Form 214 (DD-214), or similar substantiation, attesting to the applicant's military occupational specialty certification and experience in an occupational field within the board's purview; and

2. Passes a proficiency examination offered by the board to military-trained applicants in lieu of satisfying the conditions set forth in subsection (a) of this section; however, if an applicant fails the proficiency examination, then the applicant may be required by the board to satisfy those conditions.
STATE BOARD OF EXAMINERS OF PLUMBING, HEATING & FIRE SPRINKLER
CONTRACTORS – RALEIGH, NC
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: ____________________________
(Required)

Home Address: _____________________________________________________________

Street/PO Box: ___________________________________ City: ___________________ State: __________

Work Address: _____________________________________________________________

Street/PO Box: ___________________________________ City: ___________________ State: __________

Zip: ___________________ County: __________ Zip: ___________________ County: __________

Home Phone: ___________________ Work Phone: ___________________

Email: ___________________ @ ___________________ Fax: ___________________

Home Physical Address: _____________________________________________________

Street: ___________________ City: ___________________ State: __________ Zip: __________

Examination Schedule and Fees – 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

☐ Plumbing, Class I
☐ Plumbing, Class II
☐ Heating, Group 2
☐ Heating, Group 1, Class I
☐ Heating, Group 3, Class I
☐ Heating, Group 1, Class II
☐ Heating Group 3, Class II
☐ Fuel Piping
☐ Fire Sprinkler Installation

Without exam: Application fee $30.00 and is non-refundable & Annual License Fee $130

With Exam: Examination Fee $100.00 per exam and is non refundable

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

Applicant has a plumbing, heating, fuel piping or fire sprinkler installation license in the state of __________ but not in NC.

License number: ___________ Qualification: ___________

Applicant’s signature ___________________________________ Date: _____________
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 __________________________

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.
(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.
Non-military experience

Complete the form ONLY if your employer is a Licensed Plumbing, Heating, or Fuel Piping Contractor

CURRENT/PAST NORTH CAROLINA LICENSED EMPLOYER STATEMENT

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 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. After the licensee signs this notarized affidavit verifying the required experience, the employment records (W-2s or 1099’s must be submitted with this application.

This is to certify that

(APPLICANT’S FULL NAME) performed Installations
Under my license and direct supervision as described below and in the license classification circled: (only verify experience applicable to the field for examination requested).

(Circle the examination that applies to the documented experience and qualifications of the applicant)

<table>
<thead>
<tr>
<th>Plumbing Class I</th>
<th>Plumbing Class II</th>
<th>Heating Group I, Class I</th>
<th>Heating Group I, Class II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heating Group 2</td>
<td>Heating Group 3, Class I</td>
<td>Heating Group 3, Class II</td>
<td>Fuel Piping</td>
</tr>
</tbody>
</table>

Fire Sprinkler Installation

Employment Dates – Start Date: End Date (or still employed):

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


Percent of the above listed experience (being confirmed) performing service or repair: %

Percent of the above listed experience (being confirmed) performing installations and design: %

Total # of hours employed by your firm performing installation, maintenance, service or repair:


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
Non-military experience:
Use this form ONLY if experience is from Out of State or if you have been self-employed 2019-10 Form PHFP 1-C
NOTE: Use form PHFP 1-D for military experience.

APPLICANT EMPLOYMENT HISTORY

This form is not required to be completed if a licensee(s) of this Board have completed, signed and had notarized Form 1-B (attached) verifying the minimum hours of experience required by law. If a licensee of this Board does not complete form 1-B (attached) to cover all of the required experience hours, then the applicant must complete this form and attach W-2's and/or 1099's to verify experience. 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 photocopies of this form in order 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 provide copies of your tax returns for applicable years. You must attach copies of (W-2s or tax return forms matching time(s) of employment listed on this form.

(APPLICANT’S FULL NAME)

EMPLOYER NAME: TELEPHONE:

ADDRESS: ___________________________  ___________________________

CITY: ___________________________ STATE:

DATE’S EMPLOYED (MONTH/YEAR: START DATE: ___________________________ TO END DATE: ___________________________

POSITION HELD: ___________________________________________________________

SUPERVISOR’S NAME: _______________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Percent of the above listed experience (being confirmed) performing service or repair: %

Percent of the above listed experience (being confirmed) performing installations and design: %

Total # of hours employed by your firm performing installation, maintenance, service or repair:

________________________________________________________________________

Print – Person Confirming Experience _________________________________________

Company Name (if applicable) ___________________________

Signature of Person 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 Government/Military Agency

Include Form 214 (DD-214)

**APPLICANT EMPLOYMENT HISTORY**

This form is required to be completed if by the supervisor of the applicant while the applicant was employed and on active duty while serving in the military. The applicant must complete this form and attach the form 214 (DD-214), W-2’s and/or 1099’s to verify experience. 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 photocopies of this form in order to list all of your past employment history that applies.

**APPLICANT’S FULL NAME:**

**EMPLOYER NAME:**

**TELEPHONE:**

**ADDRESS:**

**CITY:**

**STATE:**

**DATE’S EMPLOYED (MONTH/YEAR):**

**START DATE:**

**END DATE:**

**POSITION HELD:**

**SUPERVISOR’S NAME:**

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

- 
- 
- 
- 
- 

Percent of the above listed experience (being confirmed) performing service or repair: %

Percent of the above listed experience (being confirmed) performing installations and design: %

Total # of hours employed by your firm performing installation, maintenance, service or repair:

**Print – Person Confirming Experience**

**Company Name (if applicable)**

**Signature of Person 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**
A Completed Application Packet includes:

Application No Exam

- Completed Original Application
- Defense Form 214 (DD-214), or similar substantiation, attesting to the applicant's military occupational specialty certification
- Copy of Letter of Good Standing from the State Licensing Board from another jurisdiction (state) which you now hold license. (Request for Verification of License)
- Copy of CastleBranch Criminal Background report
- Check or money order for $30.00 application fee (non-refundable)
- Check or money order for $130.00 License Fee (will be returned if application is denied)

If all above requirements are not met then must take exam

Application With Exam

- Completed Original Application
- Defense Form 214 (DD-214), or similar substantiation, attesting to the applicant's military occupational specialty certification
- Copy of CastleBranch Criminal Background report
- Examination Fee $100
- Copy of the NICET LEVEL III certificate for Fire Protection System Layout (for fire sprinkler applicants)
- W-2s

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 Ct
Raleigh, NC 27609
Applicant Instructions to Obtain
Certified Background 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
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 background 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
# BOOK ORDER FORM

**Name:** Click here to enter text.  
**License #:** Click here to enter text.  

**Company Name:** Click here to enter text.  

**Ship To:** Click here to enter text.  

**City:** Click here to enter text.  
**State:** Click here to enter text.  
**Zip:** Click here to enter text.  

**County:** Click here to enter text.  
**Phone:** Click here to enter text.  

**Email:** Click here to enter text.  
(Please provide an email to receive shipment tracking information)

<table>
<thead>
<tr>
<th>Book</th>
<th>Qty</th>
<th>Price (tax included)</th>
<th>Subtotal</th>
<th>Shipping/Handling</th>
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</thead>
<tbody>
<tr>
<td>Board Laws and Rules 2016 ONLY</td>
<td></td>
<td>X $10.68(ea)</td>
<td>Click here to enter text.</td>
<td>+$4.32 (per book)</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Business &amp; Project Management for Contractors (5th Edition) ONLY</td>
<td></td>
<td>X $48.04(ea)</td>
<td>Click here to enter text.</td>
<td>+$5.96 (per book)</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Complete Set – Includes Both Books</td>
<td></td>
<td>X $58.72(ea)</td>
<td>Click here to enter text.</td>
<td>+$7.28 (per set)</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

**Shipping Includes Delivery Confirmation**  
**6 Books or More, Call for Shipping Quote**  

**ORDER TOTAL**

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**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