

PRIVATE ELEMENTARY/SECONDARY SCHOOLS

PURPOSE:

MONITORING REQUIREMENT

DEPARTMENT:

ADMINISTRATION

DIVISION:

NON-PUBLIC EDUCATION

ADDRESS:

116 WEST JONES STREET, ROOM 2009F, RALEIGH, NC
MAILING ADDRESS: 1309 MAIL SERVICE CENTER, RALEIGH, NC 27699-1309
WEB SITE: WWW.NCDNPE.ORG

CONTACT:

ROD HELDER, DIRECTOR

TELEPHONE:

919-733-4276

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

N/A

STATUTORY AUTHORITY:

GS 115C, SUBCHAPTER X, ARTICLE 39

APPLICATION FORM TITLE:

NOTICE OF INTENT TO OPERATE A SCHOOL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

FILING NOTICE OF INTENT
MEETING BUILDING CODES-FIRE SAFETY AND SANITATION (STATE AND LOCAL)
SCHOOL YEAR LENGTH AND SCHEDULE REQUIREMENTS
MAINTENANCE OF STUDENT ATTENDANCE AND IMMUNIZATION RECORDS
NATIONALLY STANDARDIZED TESTING OF STUDENTS
HIGH SCHOOL COMPETENCY TESTING OF STUDENTS

CONSTRUCTION IN FLOOD PLAIN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

ADMINISTRATION

DIVISION:

STATE CONSTRUCTION OFFICE

ADDRESS:

SUITE 450, NC EDUCATION BUILDING
301 N. WILMINGTON STREET, RALEIGH, NC 27601-2827

CONTACT:

HERBERT H. NEILY, PE, BUILDING SYSTEMS ENGINEER

TELEPHONE:

919-733-7962 FAX 919-733-6609
EMAIL: HERBERT.NEILY@NCMAIL.NET
WEB ADDRESS: HTTP://INTERSOPE2.DOA.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR CONSTRUCTION IN A FLOOD PLAIN, SIGNED BY THE SECRETARY OF
ADMINISTRATION

STATUTORY AUTHORITY:

EXECUTIVE ORDER NUMBER 123

APPLICATION FORM TITLE:

FLOOD PLAIN PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMIT FOR DURATION OF CONSTRUCTION

FEES:

INITIAL: N/A
RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT IS REQUIRED FOR DEVELOPMENT ON STATE-OWNED PROPERTY ONLY
(LOCAL COMMUNITIES HAVE JURISDICTION ON OTHER PROPERTIES). MUST
PROVIDE PROPOSED CONSTRUCTION DETAILS OF DEVELOPMENT THAT DO NOT CHANGE
PREDICTED 100-YEAR FLOOD LEVELS OR EVIDENCE THAT CHANGE DOES NOT HARM
UPSTREAM, DOWNSTREAM, OR ADJACENT PROPERTY OWNERS.

AGRICULTURAL FAIRS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

ADMINISTRATION

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

HEATHER OVERTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7125

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AGRICULTURAL FAIR LICENSE

STATUTORY AUTHORITY:

GS 106-520.3.0006

APPLICATION FORM TITLE:

APPLICATION FOR EXEMPTION FROM PAYMENT OF LICENSE TAXES ON EXHIBITS,
SHOWS, ATTRACTIONS AND AMUSEMENTS, OPERATING IN CONNECTION WITH AN
AGRICULTURAL FAIR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DURATION OF FAIR

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES REGARDING MINIMUM NUMBER OF AGRICULTURAL EXHIBITS

PROPAGATION OF FRESHWATER FISH & CRUSTACEAN

PURPOSE:

TO REGULATE THE PRODUCTION AND SALES OF COMMERCIALY RAISED FRESHWATER
FISH, FRESHWATER CRUSTACEAN SPECIES AND ALLIGATORS

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

AQUACULTURE, NATURAL RES., & ENVIRONMENTAL AFFAIRS

ADDRESS:

AGRICULTURE BUILDING, 2 WEST EDENTON STREET, RALEIGH, NC 27601-1094

CONTACT:

THOMAS W. ELLIS, III, DIRECTOR

TELEPHONE:

919-733-7125

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AQUACULTURE PROPAGATION AND PRODUCTION FACILITY LICENSE

STATUTORY AUTHORITY:

GS 106-756 THROUGH GS 106-764

APPLICATION FORM TITLE:

AQUACULTURE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

N/A

PROPAGATION OF FRESHWATER FISH & CRUSTACEAN

PURPOSE:

TO REGULATE THE PRODUCTION AND SALES OF COMMERCIALY RAISED
FRESHWATER FISH AND FRESHWATER CRUSTACEAN SPECIES

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

AQUACULTURE, NATURAL RES., & ENVIRONMENTAL AFFAIRS

ADDRESS:

AGRICULTURE BUILDING, 2 WEST EDENTON STREET, RALEIGH, NC 27601-1094

CONTACT:

THOMAS W. ELLIS, III, DIRECTOR

TELEPHONE:

919-733-7125

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL CATCHOUT FACILITY LICENSE

STATUTORY AUTHORITY:

GS 106-756 THROUGH GS 106-764

APPLICATION FORM TITLE:

AQUACULTURE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

N/A

PROPAGATION OF FRESHWATER FISH & CRUSTACEAN

PURPOSE:

TO REGULATE THE PRODUCTION AND SALES OF COMMERICIALLY RAISED
FRESHWATER FISH AND FRESHWATER CRUSTACEAN SPECIES

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

AQUACULTURE, NATURAL RES., & ENVIRONMENTAL AFFAIRS

ADDRESS:

AGRICULTURE BUILDING, 2 WEST EDENTON STREET, RALEIGH, NC 27601-1094

CONTACT:

THOMAS W. ELLIS, III, DIRECTOR

TELEPHONE:

919-733-7125

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOLDING POND/TANK PERMIT

STATUTORY AUTHORITY:

GS 106-756 THROUGH GS 106-764

APPLICATION FORM TITLE:

AQUACULTURE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

N/A

FERTILIZER SALES REPORTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

BUDGET AND FINANCE

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

RON POLLOCK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2113

OFFICE HOURS:

7:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FERTILIZER REPORTING PERMIT

STATUTORY AUTHORITY:

GS 106-655/677

APPLICATION FORM TITLE:

FERTILIZER REPORTING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

REGISTRATION YEARLY, \$5.00 PER BRAND NAME, PACKAGES OF FIVE POUNDS OR
LESS \$30.00. INSPECTION FEES-\$.25 PER TON
AGRICULTURAL FOUNDATION ASSESSMENT-\$.15 PER TON. GS 106-568

LIME SALES REPORTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

BUDGET AND FINANCE

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

RON POLLOCK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2113

OFFICE HOURS:

7:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIME REPORTING PERMIT

STATUTORY AUTHORITY:

GS 106-92.1 THROUGH GS 106-92.17

APPLICATION FORM TITLE:

LIME REPORTING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

REGISTRATION YEARLY, \$5.00 PER BRAND NAME, PACKAGES OF TEN POUNDS OR
LESS \$25.00. INSPECTION FEES - LIME AND LANDPLASTER \$.10 PER TON
LIME WITH POTASH \$.25 PER TON

SEED SALES REPORTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

BUDGET AND FINANCE

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

RON POLLOCK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2113

OFFICE HOURS:

7:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SEED REPORTING PERMIT (SEED ORIGINATED OR LABELED BY DEALER OR GROWER)

STATUTORY AUTHORITY:

GS 106-277.1 THROUGH 277.29

APPLICATION FORM TITLE:

SEED REPORTING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

LICENSE: YEARLY (ISSUED BY PLANT INDUSTRY DIVISION)

A. WHOLESALE OR COMBINED WHOLESALE AND RETAIL SEED DEALER.....\$100.00

B. RETAIL SEED DEALER WITH SALES OF NO MORE THAN \$500.00.....\$ 5.00

C. RETAIL SEED DEALER WITH SALES OF MORE THAN \$500.00 BUT

NO MORE THAN \$1,000.00. \$ 15.00

D. RETAIL SEED DEALER WITH SALES OF MORE THAN \$1,000.00..... \$ 25.00

INSPECTION FEES: 2 CENTS PER SEED CONTAINER OF TEN POUNDS OR MORE

GRAIN DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

BUDGET AND FINANCE

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

RON POLLOCK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2113

OFFICE HOURS:

7:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GRAIN DEALER LICENSE

STATUTORY AUTHORITY:

GS 106-601 THROUGH GS 106-615

APPLICATION FORM TITLE:

GRAIN DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUALLY; EXPIRES JUNE 30TH

FEES:

INITIAL: \$50.00 PLUS \$30.00 FOR EACH BUYING STATION OR TRUCK

RENEWAL: \$50.00 PLUS \$30.00 FOR EACH BUYING STATION OR TRUCK

REQUIREMENTS OTHER THAN FEE:

\$10,000 BOND

FEED SALES REPORTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

BUDGET AND FINANCE

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

RON POLLOCK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2113

OFFICE HOURS:

7:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FEED REPORTING PERMIT

STATUTORY AUTHORITY:

GS 106-284.30 THROUGH GS 106-284.46

APPLICATION FORM TITLE:

APPLICATION FOR FEED AND CANNED PET FOOD REPORTING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

REGISTRATION: YEARLY - \$3.00 FOR EACH COMMERCIAL FEED, \$10.00 FOR EACH CANNED PET FOOD (PACKAGES OF FIVE POUNDS OR LESS, A REGISTRATION FEE OF \$30.00 IN LIEU OF INSPECTION FEE)

INSPECTION FEE: \$.12/TON COMMERCIAL FEED; \$.03/CASE OF 48

CANS OF CANNED PET FOOD

RENEWAL: SAME AS ABOVE

AGRICULTURAL FOUNDATION ASSESSMENT-\$.15 PER TON. GS 106-568

COTTON GIN, COTTON MERCHANT, COTTON WAREHOUSE

PURPOSE:

TO PROTECT COTTON PRODUCERS

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

BUDGET AND FINANCE

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

RON POLLOCK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2113

OFFICE HOURS:

7:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COTTON GIN, COTTON MERCHANT OR COTTON WAREHOUSE REGISTRATION

STATUTORY AUTHORITY:

GS 106-451.41

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF COTTON GIN, COTTON MERCHANT OR
COTTON WAREHOUSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUALLY; EXPIRES JUNE 30TH

FEES:

\$25.00

REQUIREMENTS OTHER THAN FEE:

COTTON WAREHOUSES MUST HAVE \$300,000 BOND UNLESS LICENSED AND BONDED
UNDER THE UNITED STATES WAREHOUSE ACT.

FEEED REGISTRATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

SHEILA A. JORDAN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366 EXTENSION 227

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FEEED REGISTRATION

STATUTORY AUTHORITY:

GS 106-284.34

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF COMMERCIAL FEEDING STUFF AND/OR CANNED
PET FOOD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$3.00, \$10.00, OR \$30.00, DEPENDING ON TYPE OF FEED

RENEWAL: \$3.00, \$10.00, OR \$30.00, DEPENDING ON TYPE OF FEED

REQUIREMENTS OTHER THAN FEE:

FEEED REPORTING PERMIT TO REPORT TONNAGE SHIPPED

PRESCRIPTION DRUG REGISTRATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DANIEL L. RAGAN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRESCRIPTION DRUG REGISTRATION

STATUTORY AUTHORITY:

GS 106-140.1

APPLICATION FORM TITLE:

APPLICATION FOR PRESCRIPTION DRUG REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$500.00-MANUFACTURER OR REPACKAGER; \$350.00-WHOLESALE

RENEWAL: SEE INITIAL

PESTICIDE APPLICATION/PUBLIC OPERATOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC OPERATOR'S (PESTICIDE APPLICATOR) LICENSE

STATUTORY AUTHORITY:

GS 143-452

APPLICATION FORM TITLE:

APPLICATION FOR PUBLIC OPERATOR'S (PESTICIDE APPLICATOR) LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

WRITTEN EXAMINATION

AIRCRAFT INSPECTION/PESTICIDE APPLICATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AIRCRAFT INSPECTION (DECAL)

STATUTORY AUTHORITY:

GS 143-452

APPLICATION FORM TITLE:

N/A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

AERIAL APPLICATION EQUIPMENT CHECKLIST

BOTH PILOT AND CONTRACTOR MUST HOLD A CURRENT PESTICIDE LICENSE

PESTICIDE CONSULTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PEST CONTROL CONSULTANT'S LICENSE

STATUTORY AUTHORITY:

GS 143-455

APPLICATION FORM TITLE:

APPLICATION FOR PEST CONTROL CONSULTANT'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00

RENEWAL: \$30.00

REQUIREMENTS OTHER THAN FEE:

MINIMUM EDUCATIONAL REQUIREMENT (BACHELOR'S DEGREE AND AT LEAST 30 SEMESTER HOURS IN SUBJECT AREAS PERTINENT TO THE CONSULTING CATEGORY)
WRITTEN EXAMINATION

AERIAL PESTICIDE APPLICATION/PILOT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PESTICIDE AERIAL (PILOT) APPLICATOR'S LICENSE

STATUTORY AUTHORITY:

GS 143-452

APPLICATION FORM TITLE:

APPLICATION FOR AERIAL PESTICIDE APPLICATOR'S LICENSE (PILOT)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00

RENEWAL: \$30.00

REQUIREMENTS OTHER THAN FEE:

FAA REQUIREMENTS MUST BE MET; 125 HOURS AND ONE YEAR EXPERIENCE
(APPRENTICESHIP MAY BE GRANTED IF THESE REQUIREMENTS ARE NOT MET)
WRITTEN EXAMINATION
ASSOCIATION WITH A LICENSED CONTRACTOR

AERIAL PESTICIDE CONTRACTING/CONTRACTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PESTICIDE AERIAL (CONTRACTORS) LICENSE

STATUTORY AUTHORITY:

GS 143-452

APPLICATION FORM TITLE:

APPLICATION FOR AERIAL PESTICIDE APPLICATOR'S LICENSE (CONTRACTOR)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00

RENEWAL: \$30.00

REQUIREMENTS OTHER THAN FEE:

WRITTEN EXAMINATION

FAA REQUIREMENTS MUST BE MET; EQUIPMENT INSPECTION REQUIRED

PESTICIDE APPLICATION/USING GROUND EQUIPMENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PESTICIDE GROUND APPLICATOR'S LICENSE

STATUTORY AUTHORITY:

GS 143-452

APPLICATION FORM TITLE:

APPLICATION FOR PESTICIDE GROUND APPLICATOR'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00

RENEWAL: \$30.00

REQUIREMENTS OTHER THAN FEE:

EQUIPMENT MAY BE INSPECTED

WRITTEN EXAMINATION

PESTICIDE DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PESTICIDE DEALER LICENSE

STATUTORY AUTHORITY:

GS 143-448

APPLICATION FORM TITLE:

APPLICATION FOR PESTICIDE DEALER'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00

RENEWAL: \$30.00

REQUIREMENTS OTHER THAN FEE:

WRITTEN EXAMINATION

PESTICIDE SALES AND DISTRIBUTION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PESTICIDE REGISTRATION

STATUTORY AUTHORITY:

GS 143-442

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF PESTICIDE PRODUCT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00/BRAND

RENEWAL: \$30.00/BRAND

ANNUAL ENVIRONMENTAL TRUST FUND ASSESSMENT: \$50.00 IF APPLICANT'S
GROSS SALES OF THE PESTICIDE (BRAND) IN THIS STATE FOR THE PRECEDING 12
MONTHS FOR THE PERIOD ENDING SEPTEMBER 30TH WERE MORE THAN \$5,000.00
AND \$25.00 IF GROSS SALES WERE LESS THAN \$5,000.00

REQUIREMENTS OTHER THAN FEE:

EPA REGISTRATION PREREQUISITE TO NC REGISTRATION

SUBMISSION OF LABEL AND MATERIAL SAFETY DATA SHEET

FROZEN DESSERT/WHOLESALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DON HOWELL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WHOLESALE FROZEN DESSERT INSPECTION CERTIFICATE

STATUTORY AUTHORITY:

GS 106-254

APPLICATION FORM TITLE:

WHOLESALE FROZEN DESSERT INSPECTION CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$40.00

RENEWAL: \$40.00

REQUIREMENTS OTHER THAN FEE:

INSPECTION OF FACILITIES

FROZEN DESSERT/RETAIL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DON HOWELL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RETAIL FROZEN DESSERT INSPECTION CERTIFICATE

STATUTORY AUTHORITY:

GS 106-254

APPLICATION FORM TITLE:

RETAIL FROZEN DESSERT INSPECTION CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

ANTIFREEZE SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DR. JOEL PADMORE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ANTIFREEZE REGISTRATION PERMIT

STATUTORY AUTHORITY:

GS 106-579.4

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT FOR SALE OF ANTIFREEZE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$250.00/BRAND

RENEWAL: \$250.00/BRAND

MILK TESTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DON HOWELL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MILK TESTER'S LICENSE

STATUTORY AUTHORITY:

GS 106-267.1

APPLICATION FORM TITLE:

APPLICATION FOR "TESTER'S LICENSE"

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$5.00

RENEWAL: \$5.00

MILK SAMPLING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DON HOWELL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MILK SAMPLER'S LICENSE

STATUTORY AUTHORITY:

GS 106-267.1

APPLICATION FORM TITLE:

MILK SAMPLER'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$5.00

RENEWAL: \$5.00

PRESCRIPTION DRUG LICENSE/MANUFACTURERS, REP

PURPOSE:

COMPLIANCE WITH FEDERAL REQUIREMENTS

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

DANIEL L. RAGAN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7366

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRESCRIPTION DRUG DISTRIBUTOR LICENSE

STATUTORY AUTHORITY:

GS 106, ARTICLE 12A

APPLICATION FORM TITLE:

LICENSE APPLICATION FOR WHOLESALE PRESCRIPTION DRUG DISTRIBUTORS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED ANNUALLY

FEES:

INITIAL: \$500.00 - MANUFACTURER OR REPACKAGER
350.00 - DISTRIBUTOR
RENEWAL: \$500.00 - MANUFACTURER OR REPACKAGER
350.00 - DISTRIBUTOR

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST COMPLY WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS
AND REGULATIONS. WHOLESALE DISTRIBUTORS DEALING IN CONTROLLED
SUBSTANCES MUST REGISTER WITH DEA.

SAFETY TRAINING FOR AGRICULTURAL WORKERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WPS DESIGNATED TRAINER CERTIFICATE

STATUTORY AUTHORITY:

GS 143-458 (A)

APPLICATION FORM TITLE:

APPLICATION FOR WORKER PROTECTION STANDARD PESTICIDE DESIGNATED TRAINER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

WRITTEN EXAMINATION; RESUME; TRAINING COURSE OUTLINE

PESTICIDE APPLICATION-RESTRICTED USE PESTICI

PURPOSE:

REGULATORY REQUIREMENT; TO USE RESTRICTED USE PESTICIDES

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

FOOD & DRUG PROTECTION

ADDRESS:

4000 REEDY CREEK ROAD, DEPT. FD, RALEIGH, NC 27607

CONTACT:

JIM BURNETTE, JR., 2109 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3556

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

PRIVATE PESTICIDE APPLICATOR CERTIFICATE

STATUTORY AUTHORITY:

GS 143-440

APPLICATION FORM TITLE:

PRIVATE APPLICATOR ATTESTATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS

FEES:

INITIAL: \$6.00 (3 YEARS)

RENEWAL: \$6.00 (3 YEARS)

REQUIREMENTS OTHER THAN FEE:

WRITTEN EXAMINATION FOR INITIAL CERTIFICATION (AFTER 10-1-02)

RECERTIFICATION: TWO HOURS OF PRIVATE PESTICIDE APPLICATOR

CERTIFICATION STANDARDS REVIEW (CONTACT CES), PLUS TWO CONTINUING

CERTIFICATION CREDIT HOURS (CONTACT NCDA & CS)

FRUIT AND VEGETABLE HANDLERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

MARKETING

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

SCOTT BISSETTE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7136

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HANDLERS PERMIT (FRUIT AND VEGETABLES)

STATUTORY AUTHORITY:

GS 106, ARTICLE 44

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST SUBMIT TWO COPIES OF CONTRACT FOR CURRENT SEASON AND PROOF OF A
BOND IS REQUIRED

STATE FAIR FOOD AND DRINK DISTRIBUTION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC STATE FAIR

ADDRESS:

1025 BLUE RIDGE BOULEVARD, RALEIGH, NC 27607

CONTACT:

WESLEY V. WYATT, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2145

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FOOD AND DRINK DISTRIBUTOR (STATE FAIR)

STATUTORY AUTHORITY:

GS 106-503

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

INITIAL: \$250.00

RENEWAL: N/A

STATE FAIR CAMPER PARKING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC STATE FAIR

ADDRESS:

1025 BLUE RIDGE BOULEVARD, RALEIGH, NC 27607

CONTACT:

WESLEY V. WYATT, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2145

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CAMPER PARKING PERMIT (STATE FAIR)

STATUTORY AUTHORITY:

GS 106-503

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

INITIAL: \$15.00 PER NIGHT/PER UNIT

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PERMITTED ONLY IN CONJUNCTION WITH FAIRGROUND EVENTS

STATE FAIR MOTORIZED VEHICLES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC STATE FAIR

ADDRESS:

1025 BLUE RIDGE BOULEVARD, RALEIGH, NC 27607

CONTACT:

WESLEY V. WYATT, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2145

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GOLF CART & MOTOR POWERED VEHICLES PERMIT (STATE FAIR)

STATUTORY AUTHORITY:

GS 106-503

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

10 DAYS (DURING ANNUAL STATE FAIR)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

LIMITED TO EXHIBITORS, CONCESSIONAIRES & VENDORS; MUST HAVE LIABILITY INSURANCE

RENDERING PLANT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. DAVID T. MARSHALL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RENDERING PLANT LICENSE

STATUTORY AUTHORITY:

GS 106, ARTICLE 14A

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE FOR RENDERING PLANT AND RENDERING OPERATION;
APPLICATION FOR LICENSE BY OUT-OF-STATE COLLECTOR OF RENDERING MATERIAL
OF ANIMAL ORIGIN

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID UNTIL REVOKED

FEES:

INITIAL: \$50.00

RENEWAL: N/A

ANIMAL SHELTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ANIMAL SHELTER REGISTRATION

STATUTORY AUTHORITY:

GS 19A-26

APPLICATION FORM TITLE:

REGISTRATION APPLICATION TO OPERATE AS ANIMAL SHELTER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES; NO FELONY CONVICTIONS

ANIMAL DEALER/DOGS AND CATS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DEALER LICENSE (DOGS & CATS)

STATUTORY AUTHORITY:

GS 19A-29

APPLICATION FORM TITLE:

APPLICATION TO OPERATE AS DEALER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES; NO FELONY CONVICTIONS

BOARDING KENNEL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BOARDING KENNEL LICENSE

STATUTORY AUTHORITY:

GS 19A-28

APPLICATION FORM TITLE:

LICENSE APPLICATION TO OPERATE A BOARDING KENNEL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES; NO FELONY CONVICTIONS

PET SHOP

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PET SHOP LICENSE (DOGS & CATS)

STATUTORY AUTHORITY:

GS 19A-27

APPLICATION FORM TITLE:

LICENSE APPLICATION TO OPERATE PET SHOP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES; NO FELONY CONVICTIONS

DOGS AND CATS/PUBLIC AUCTION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC AUCTION LICENSE (DOGS & CATS)

STATUTORY AUTHORITY:

GS 19A-28

APPLICATION FORM TITLE:

LICENSE APPLICATION TO OPERATE AS A PUBLIC AUCTION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES; NO FELONY CONVICTIONS

LIVESTOCK MARKET

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC LIVESTOCK MARKET LICENSE

STATUTORY AUTHORITY:

GS 106-406

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO OPERATE A PUBLIC LIVESTOCK MARKET

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$350.00 (APPLICATION & PERMIT FEE FOR 1 YEAR)

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

MUST BE BONDED UNDER FEDERAL PACKERS AND STOCKYARDS ACT

LIVESTOCK DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. C. F. KIRKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7601

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIVESTOCK DEALER LICENSE

STATUTORY AUTHORITY:

GS 106, ARTICLE 35B

APPLICATION FORM TITLE:

APPLICATION FOR LIVESTOCK DEALER'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

HATCHING EGG DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. JO ANNA QUINN, ROLLINS LAB, 2101 BLUE RIDGE RD., RALEIGH, NC 27607

TELEPHONE:

919-733-3986

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HATCHING EGG DEALER LICENSE

STATUTORY AUTHORITY:

GS 106, ARTICLE 49

APPLICATION FORM TITLE:

POULTRY LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

CHICK DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. JO ANNA QUINN, ROLLINS LAB, 2101 BLUE RIDGE RD., RALEIGH, NC 27607

TELEPHONE:

919-733-3986

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHICK DEALER LICENSE

STATUTORY AUTHORITY:

GS 106, ARTICLE 49

APPLICATION FORM TITLE:

POULTRY LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

HATCHERY OPERATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. JO ANNA QUINN, ROLLINS LAB, 2101 BLUE RIDGE RD., RALEIGH, NC 27607

TELEPHONE:

919-733-3986

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HATCHERY LICENSE

STATUTORY AUTHORITY:

GS 106-542

APPLICATION FORM TITLE:

POULTRY LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$25.00

RENEWAL: \$25.00

REQUIREMENTS OTHER THAN FEE:

INSPECTION OF FACILITIES

MEAT AND POULTRY HANDLERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

DR. STEVEN C. WELLS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4136

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION OF POULTRY AND MEAT HANDLERS, FORM MP-2

STATUTORY AUTHORITY:

GS 106-549.28

APPLICATION FORM TITLE:

SAME AS ABOVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL WITHDRAWN

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST MEET THE REQUIREMENTS OF THE ABOVE MENTIONED STATUTORY AUTHORITY,
TO INCLUDE STORAGE FACILITIES, TRANSPORT VEHICLES, AND RECORD KEEPING.

POULTRY/RATITE DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

NC VETERINARY DIVISION

ADDRESS:

2 WEST EDENTON STREET, PO BOX 26026, RALEIGH, NC 27611

CONTACT:

DR. JO ANNA QUINN, ROLLINS ANIMAL DISEASE DIAGNOSTIC LABORATORY
2101 BLUE RIDGE ROAD, RALEIGH, NC 27607

TELEPHONE:

919-733-3986

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

POULTRY/RATITE DEALER LICENSE

STATUTORY AUTHORITY:

GS 106-542

APPLICATION FORM TITLE:

POULTRY LICENSE APPLICATION, FORM PL-1 (1/99 REVISED)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: NONE

RENEWAL: NONE

PLANT MOVEMENT

PURPOSE:

THE PURPOSE OF THIS PERMIT IS TO PREVENT THE ESTABLISHMENT AND
SUBSEQUENT SPREAD OF INJURIOUS PLANT PESTS INTO NORTH CAROLINA.
RESEARCHERS AT UNIVERSITIES AND PRIVATE COMPANIES MAY IMPORT CERTAIN
INSECTS, DISEASES, OR NOXIOUS WEEDS INTO NORTH CAROLINA FOR RESEARCH
ACTIVITIES AND ARE REQUIRED TO COMPLETE AN APPLICATION AND RECEIVE A
PERMIT PRIOR TO IMPORTATION.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

GENE CROSS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6930 EXTENSION 231

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

APPLICATION AND PERMIT TO MOVE PLANT PESTS OR REGULATED ARTICLES

STATUTORY AUTHORITY:

GS 106-420

APPLICATION FORM TITLE:

NCDA PP FORM 4-APPLICATION AND PERMIT TO MOVE PLANT PESTS OR REGULATED
ARTICLES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

COMPLETION OF PERMITTED ACTIVITY

FEES:

INITIAL: N/A

RENEWAL: N/A

GINSENG DEALER

PURPOSE:

THE TRADE AND BIOLOGY OF GINSENG IS MONITORED IN NORTH CAROLINA TO OBTAIN FEDERAL APPROVAL FOR THE EXPORT OF GINSENG FROM THE STATE, TO SUPPORT THE GINSENG TRADE WITHIN THE STATE AND TO PROTECT THE SPECIES FROM OVER COLLECTION AND EXTINCTION.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

MARJORIE BOYER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3610 EXTENSION 250

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GINSENG DEALER PERMIT

STATUTORY AUTHORITY:

GS 106-202.15 & 202.21

NCAC 10G.0305

NCAC 10G.0508-0511

APPLICATION FORM TITLE:

APPLICATION FOR NORTH CAROLINA GINSENG DEALER PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST KEEP RECORD OF PURCHASES

PLANT SALES/PROTECTED

PURPOSE:

THIS PERMIT ALLOWS INDIVIDUALS TO POSSESS LEGALLY OBTAINED NORTH CAROLINA PROTECTED PLANTS AND TO SELL PROPAGATED PLANTS OF DESIGNATED SPECIES. PERMIT AIDS IN THE PRESERVATION OF WILD POPULATIONS OF RARE PLANTS IN THE STATE.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

MARJORIE BOYER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3610 EXTENSION 250

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROTECTED PLANT PERMIT, COMMERCE PERMIT, COMMERCE TAGS

STATUTORY AUTHORITY:

GS 106-202.15

NCAC 10G

APPLICATION FORM TITLE:

APPLICATION FOR OBTAINING, UPDATING, OR RENEWING PROTECTED PLANT CONSERVATION OR PROPAGATION PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES

TOBACCO PLANT IMPORTATION

PURPOSE:

TO PROTECT TOBACCO PRODUCERS FROM THE IMPORTATION OF PESTS AFFECTING THE FUTURE STABILITY OF THE TOBACCO INDUSTRY AND THE GENERAL WELFARE OF THE PUBLIC BY PROHIBITING THE IMPORTATION OF TOBACCO PLANTS INTO NORTH CAROLINA FROM ANOTHER STATE UNLESS UNDER IMPORT PERMIT.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DR. SUZANNE SPENCER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6930 EXTENSION 239

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TOBACCO PLANT IMPORT PERMIT

STATUTORY AUTHORITY:

GS 106-420

NCAC 2.48A .1100 - .1110

APPLICATION FORM TITLE:

TOBACCO PLANT IMPORT PERMIT/APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL-YEAR'S SHIPPING SEASON

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CERTIFICATE OF INSPECTION FROM STATE OF ORIGIN

BEEES IMPORTATION

PURPOSE:

TO PROTECT HONEYBEES IN NORTH CAROLINA FROM DISEASES AND
DISORDERS RELATED TO THE IMPORTATION OF BEES. THE CERTIFICATE OF
APIARY INSPECTION CERTIFIES THE APIARY IS APPARENTLY FREE OF
CERTAIN DISEASES.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DON HOPKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-233-8214

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

APIARY INSPECTION CERTIFICATE

STATUTORY AUTHORITY:

GS 106-640

NCAC 2.48A .0200 - .0238

APPLICATION FORM TITLE:

NO APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

LIMESTONE SALES

PURPOSE:

ASSURES THE MANUFACTURER, DISTRIBUTOR, AND CONSUMER OF THE CORRECT
QUALITY AND QUANTITY OF ALL AGRICULTURAL LIMING MATERIALS SOLD IN
THIS STATE.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

G. EDWARD MARTIN, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3933 EXTENSION 226

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIMESTONE REGISTRATION

STATUTORY AUTHORITY:

GS 106-92.7

APPLICATION FORM TITLE:

LIMESTONE REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$25.00 PER BRAND PER YEAR FOR PACKAGES WEIGHING 10 POUNDS NET
OR LESS

RENEWAL: \$5.00 PER BRAND PER YEAR FOR ALL OTHER WEIGHTS

SOIL ADDITIVES SALES

PURPOSE:

THROUGH REGISTRATION, SOIL ADDITIVES ARE DETERMINES TO BE ACCEPTABLE
AND IN COMPLIANCE WITH THE NORTH CAROLINA SOIL ADDITIVES ACT OF
1977.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

G. EDWARD MARTIN, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3933 EXTENSION 226

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SOIL ADDITIVES REGISTRATION

STATUTORY AUTHORITY:

GS 106-50.31

APPLICATION FORM TITLE:

(NO APPLICATION FORM) - SUBMIT INFORMATION ON COMPANY LETTERHEAD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$100.00 PER YEAR

RENEWAL: \$100.00 PER YEAR

FERTILIZER SALES

PURPOSE:

TO ASSURE THE MANUFACTURER, DISTRIBUTOR, AND CONSUMER OF THE CORRECT
QUALITY AND QUANTITY OF ALL COMMERCIAL FERTILIZER SOLD IN THIS STATE,
AND TO ASSURE THE SAFE HANDLING OF FLUID FERTILIZERS.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

G. EDWARD MARTIN, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3933 EXTENSION 226

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FERTILIZER REGISTRATION

STATUTORY AUTHORITY:

GS 106-660
NCAC 48B SUBCHAPTER 11B

APPLICATION FORM TITLE:

FERTILIZER REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$ 5.00 PER BRAND FOR ALL PACKAGES GREATER THAN 5 POUNDS
\$30.00 PER BRAND FOR ALL PACKAGES 5 POUNDS OR LESS
RENEWAL: SAME AS ABOVE

SEED DEALER

PURPOSE:

TO REGULATE THE LABELING, POSSESSING FOR SALE, SALE AND OFFERING OR EXPOSING FOR SALE OR OTHERWISE PROVIDING FOR PLANTING PURPOSES OF AGRICULTURAL SEEDS, VEGETABLE SEEDS AND SCREENINGS; TO PREVENT MISREPRESENTATION THEREOF; AND FOR OTHER PURPOSES.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

G. EDWARD MARTIN, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3933 EXTENSION 226

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SEED DEALER LICENSE

STATUTORY AUTHORITY:

GS 106-277.28(2)

APPLICATION FORM TITLE:

SEED DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

WHOLESALE OR COMBINED WHOLESALE AND RETAIL SEED DEALER.....\$100.00
RETAIL SEED DEALER WITH SALES OF NO MORE THAN \$500.00.....\$ 5.00
RETAIL SEED DEALER WITH SALES OF MORE THAN \$500.00 BUT NO MORE THAN
\$1,000.00.....\$15.00
RETAIL SEED DEALER WITH SALES OF MORE THAN \$1,000.00.....\$25.00

FERTILIZER MANUFACTURE

PURPOSE:

TO ASSURE THE MANUFACTURER, DISTRIBUTOR, AND CONSUMER OF THE CORRECT
QUALITY AND QUANTITY OF ALL COMMERCIAL FERTILIZER SOLD IN THIS STATE
AND TO ASSURE THE SAFE HANDLING OF FLUID FERTILIZERS.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

G. EDWARD MARTIN, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3933 EXTENSION 226

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FERTILIZER MANUFACTURING LICENSE

STATUTORY AUTHORITY:

GS 106-660 (D)
NCAC 48B SUBCHAPTER 11B

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE TO MANUFACTURE OR DISTRIBUTE FERTILIZERS
EXEMPTED FROM REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$100.00
RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

MUST HOLD VALID FERTILIZER REPORTING PERMIT

NURSERY DEALER

PURPOSE:

TO ENSURE NURSERY STOCK HAS BEEN INSPECTED AT RETAIL LOCATIONS AND
FOUND FREE OF INJURIOUS PLANT PESTS PRIOR TO BEING SOLD, BARTERED,
EXCHANGED OR GIVEN AWAY.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DAN WALL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0461 EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NURSERY DEALER CERTIFICATE

STATUTORY AUTHORITY:

GS 106-420

NCAC 2.48A .1200 - .1221

APPLICATION FORM TITLE:

APPLICATION FOR NURSERY DEALER CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

PLANT SALES/COLLECTED

PURPOSE:

THE COLLECTED PLANT CERTIFICATE DECLARES THE PERSON NAMED ON THE
CERTIFICATE HAS GIVEN SATISFACTORY EVIDENCE THAT ALL NURSERY STOCK
COLLECTED IS IN ACCORDANCE WITH THE PLANT PEST REGULATIONS OF
NCDA.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DAN WALL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0461 EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COLLECTED PLANT CERTIFICATE

STATUTORY AUTHORITY:

GS 106-420

NCAC 2.48A .1200

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE/CERTIFICATE (NEW)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$1.00

RENEWAL: \$1.00

PLANT SALES/REGISTERED NURSERY

PURPOSE:

TO ENSURE NURSERY STOCK HAS BEEN INSPECTED AT THE NURSERY GROWING
AREA AND FOUND FREE OF INJURIOUS PLANT PESTS PRIOR TO BEING SOLD,
BARTERED, EXCHANGED, OR GIVEN AWAY.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DAN WALL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0461 EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NURSERY REGISTRATION CERTIFICATE

STATUTORY AUTHORITY:

GS 106-420

NCAC 2.48A .1200 - .1221

APPLICATION FORM TITLE:

NO APPLICATION; CONTACT LOCAL INSPECTOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL: OCTOBER 1 - SEPTEMBER 30

FEES:

REGISTERED NURSERY \$6.00

RENEWAL: \$6.00

REQUIREMENTS OTHER THAN FEE:

INSPECTION REQUIRED

PLANT SALES/CERTIFIED NURSERY

PURPOSE:

TO ENSURE NURSERY STOCK HAS BEEN INSPECTED AT THE NURSERY GROWING AREA
AND FOUND FREE OF INJURIOUS PLANT PESTS PRIOR TO BEING SOLD, BARTERED,
EXCHANGED, OR GIVEN AWAY.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DAN WALL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0461 EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PLANT INSPECTION CERTIFICATE

STATUTORY AUTHORITY:

GS 106-420
NCAC 2.48A .1200
NCAC 2.48A .1414

APPLICATION FORM TITLE:

NO APPLICATION; CONTACT LOCAL INSPECTOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL: OCTOBER 1 - SEPTEMBER 30

FEES:

INITIAL: \$10.00, FIRST ACRE; \$2.00 EACH ADDITIONAL ACRE
OR FRACTION THEREOF
RENEWAL: \$10.00, FIRST ACRE; \$2.00 EACH ADDITIONAL ACRE
OR FRACTION THEREOF

REQUIREMENTS OTHER THAN FEE:

INSPECTION REQUIRED

BEEES EXPORTATION

PURPOSE:

THE PURPOSE IS TO PROTECT HONEYBEES IN NORTH CAROLINA FROM DISEASES AND DISORDERS RELATED TO THE EXPORTATION OF BEES. THE UNIFORM CERTIFICATE OF APIARY INSPECTION CERTIFIES THE APIARY IS APPARENTLY FREE OF CERTAIN DISEASES.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DON HOPKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-233-8214

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BEE MOVEMENT PERMIT

STATUTORY AUTHORITY:

GS 106-640

NCAC 2.48A .0200 - .0238

APPLICATION FORM TITLE:

N/A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

COMPLETION OF PERMITTED ACTIVITY

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

INSPECTION REQUIRED

BEEES IMPORTATION

PURPOSE:

THE PURPOSE IS TO PROTECT HONEYBEES IN NORTH CAROLINA FROM DISEASES AND DISORDERS RELATED TO THE IMPORTATION OF BEES. THE PERMIT TO SELL BEES IS REQUIRED FOR PERSONS TO MARKET BEES, QUEENS, PACKAGES OR NUCS.

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

PLANT INDUSTRY

ADDRESS:

216 W. JONES STREET, RALEIGH, NC 27603

CONTACT:

DON HOPKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-233-8214

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO SELL BEES

STATUTORY AUTHORITY:

GS 106-640

NCAC 2.48A .0200 - .0238

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO SELL BEES IN NC

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$25.00

RENEWAL: \$25.00

REQUIREMENTS OTHER THAN FEE:

INSPECTION REQUIRED

MOTOR FUEL SUBSTITUTES SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

WINSTON SUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR FUEL SUBSTITUTES APPROVAL

STATUTORY AUTHORITY:

GS 119-28

APPLICATION FORM TITLE:

N/A - APPROVAL GRANTED VIA LETTER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME APPROVAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST PROVIDE EVIDENCE OF SUITABILITY OF PRODUCT FOR INTENDED USE

WEIGHING AND MEASURING DEVICES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

WINSTON SUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WEIGHING AND MEASURING DEVICE PROTOTYPE APPROVAL

STATUTORY AUTHORITY:

GS 81A, ARTICLE 1

APPLICATION FORM TITLE:

N/A - APPROVAL GRANTED VIA LETTER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME APPROVAL

FEES:

INITIAL: REIMBURSEMENT OF EXPENSES INCURRED BY THE STATE IN
EXAMINING DEVICE FOR APPROVAL PER GS 81A-10

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

EXAMINATION OF DEVICE

ANHYDROUS AMMONIA INSTALLATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647-DEPT. SD, RALEIGH, NC 27611

CONTACT:

RICHARD FREDENBURG, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BULK ANHYDROUS AMMONIA APPROVAL

STATUTORY AUTHORITY:

GS 106-660

APPLICATION FORM TITLE:

BULK ANHYDROUS AMMONIA APPROVAL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME APPROVAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

SITE APPROVAL

BULK LP GAS STORAGE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647-DEPT. SD, RALEIGH, NC 27611

CONTACT:

RICHARD FREDENBURG, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BULK LP GAS STORAGE APPROVAL

STATUTORY AUTHORITY:

GS 119, ARTICLE 5

APPLICATION FORM TITLE:

BULK LP GAS STORAGE APPROVAL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME APPROVAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PLANS FOR CERTAIN INSTALLATIONS MUST BE APPROVED PRIOR TO INSTALLATION

MOTOR FUEL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

WINSTON SUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3246

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR FUEL REGISTRATION

STATUTORY AUTHORITY:

GS 119-26

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF MOTOR FUEL BRAND NAME

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME REGISTRATION

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PRODUCT MUST MEET MOTOR FUEL STANDARDS

LP GAS DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647-DEPT. SD, RALEIGH, NC 27611

CONTACT:

RICHARD FREDENBURG, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LP GAS DEALER REGISTRATION

STATUTORY AUTHORITY:

GS 119, ARTICLE 5

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION AS LIQUIFIED PETROLEUM GAS DEALER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CERTIFICATE OF INSURANCE

SCALE TECHNICIAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

WINSTON SUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCALE TECHNICIAN REGISTRATION

STATUTORY AUTHORITY:

GS 81A, ARTICLE 6

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION AS A SCALE TECHNICIAN

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF STANDARDS BY STANDARDS LABORATORY

PUBLIC WEIGHMASTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

WINSTON SUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC WEIGHMASTER LICENSE

STATUTORY AUTHORITY:

GS 81A, ARTICLE 5

APPLICATION FORM TITLE:

APPLICATION FOR PUBLIC WEIGHMASTER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$18.00

RENEWAL: \$18.00

PETROLEUM DEVICE TECHNICIAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STANDARDS

ADDRESS:

2 WEST EDENTON STREET, PO BOX 27647, RALEIGH, NC 27611

CONTACT:

WINSTON SUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3313

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PETROLEUM DEVICE TECHNICIAN REGISTRATION

STATUTORY AUTHORITY:

GS 119-26

NC GASOLINE & OIL REGULATIONS (TITLE 2, CHAPTER 42, SEC .0700 NCAC)

APPLICATION FORM TITLE:

PETROLEUM DEVICE TECHNICIAN REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF TEST MEASURE(S)

STRUCTURAL PEST CONTROL APPLICATOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STRUCTURAL PEST CONTROL

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

CARL FALCO, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6100

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

24-HOUR EMERGENCY ASSISTANCE VIA HIGHWAY PATROL WARNING POINT NUMBER

LICENSES, PERMITS, OR CERTIFICATES:

STRUCTURAL PEST CONTROL CERTIFICATION

STATUTORY AUTHORITY:

GS 106-65.25(B)

APPLICATION FORM TITLE:

APPLICATION FOR STRUCTURAL PEST CONTROL CERTIFIED APPLICATOR'S CARD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$30.00 CERTIFICATION

RENEWAL: \$30.00 CERTIFICATION

REQUIREMENTS OTHER THAN FEE:

ATTEND REGISTERED TECHNICIAN SCHOOL; EARN CEU'S TO RENEW AFTER 5TH YEAR

STRUCTURAL PEST CONTROL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STRUCTURAL PEST CONTROL

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

CARL FALCO, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6100

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STRUCTURAL PEST CONTROL LICENSE

STATUTORY AUTHORITY:

GS 106-65.25(B)

APPLICATION FORM TITLE:

APPLICATION FOR STRUCTURAL PEST CONTROL LICENSE(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$150.00 FOR ANY ONE LICENSE PHASE & \$65.00 FOR EACH
ADDITIONAL PHASE

RENEWAL: \$150.00 FOR ANY ONE LICENSE PHASE & \$65.00 FOR EACH
ADDITIONAL PHASE

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION IN PHASE OF WORK FOR WHICH LICENSE IS APPLIED; 2 YEARS
EXPERIENCE; CONTINUING EDUCATION (TO RENEW AFTER 5TH YEAR)

STRUCTURAL PEST CONTROL TECHNICIAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

AGRICULTURE AND CONSUMER SERVICES

DIVISION:

STRUCTURAL PEST CONTROL

ADDRESS:

2 WEST EDENTON STREET, RALEIGH, NC 27611

CONTACT:

CARL FALCO, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6100

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY (24-HOUR EMERGENCY ASSISTANCE VIA
HIGHWAY PATROL WARNING POINT NUMBER)

LICENSES, PERMITS, OR CERTIFICATES:

STRUCTURAL PEST CONTROL REGISTERED TECHNICIAN IDENTIFICATION CARD

STATUTORY AUTHORITY:

GS 106-65.31(B1)

APPLICATION FORM TITLE:

REGISTERED TECHNICIAN IDENTIFICATION CARD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$25.00

RENEWAL: \$25.00

REQUIREMENTS OTHER THAN FEE:

COMPLETION OF REGISTERED TECHNICIAN TRAINING PROGRAM

CONDUCT DEGREE ACTIVITY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA

DIVISION:

OFFICE OF VICE PRESIDENT FOR PLANNING

ADDRESS:

UNC OFFICE OF THE PRESIDENT, PO BOX 2688, 910 RALEIGH ROAD, CHAPEL
HILL, NC 27515-2688

CONTACT:

DR. GEORGE A. ANTONELLI, ASSOCIATE VICE PRESIDENT FOR STUDENT SERVICES
AND LICENSURE

TELEPHONE:

919-962-4559

FAX: 919-962-0488

E-MAIL: ANTONG@NORTHCAROLINA.EDU

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO CONDUCT DEGREE ACTIVITY

STATUTORY AUTHORITY:

GS 116-15

APPLICATION FORM TITLE:

FORMAL LETTER REQUESTING LICENSURE (MUST BE ACCOMPANIED BY
DOCUMENTATION EVIDENCING THAT APPLICANT MEETS MINIMUM RULES AND
STANDARDS FOR CONDUCTING DEGREE ACTIVITY AND \$4,000 FEE)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE. LICENSEE INSTITUTION SUBJECT TO REVIEW AT ANY TIME BY THE
BOARD OF GOVERNORS OF UNC TO DETERMINE WHETHER STANDARDS FOR CONDUCTING
DEGREE ACTIVITY ARE MET

FEES:

INITIAL: \$4,000 FEE AND COSTS OF EXAMINING TEAM ARE PAID BY LICENSEE
RENEWAL: COSTS OF EXAMINING TEAM FOR REVIEW VISITS PAID BY LICENSEE

REQUIREMENTS OTHER THAN FEE:

TUITION GUARANTY BOND OF NOT LESS THAN \$10,000 AND AT LEAST EQUAL TO OR
HIGHER THAN THE MAXIMUM AMOUNT OF PREPAID TUITION HELD BY THE LICENSEE
INSTITUTION IS REQUIRED

ALCOHOLIC BEVERAGES/RESIDENT BOTTLER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BOTTLER PERMIT

STATUTORY AUTHORITY:

GS 18B-1110

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/WHOLESALE SALESMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SALESMAN PERMIT

STATUTORY AUTHORITY:

GS 18B-1111

APPLICATION FORM TITLE:

WHOLESALE SALESMAN'S APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

TENURE OF EMPLOYMENT

FEES:

INITIAL: \$100.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/VENDOR REPRESENTATIVE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VENDOR REPRESENTATIVE PERMIT

STATUTORY AUTHORITY:

GS 18B-1112

APPLICATION FORM TITLE:

VENDOR REPRESENTATIVE PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

TENURE OF EMPLOYMENT

FEES:

INITIAL: \$50.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MALT BEVERAGE VENDOR/NONRESIDENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NON-RESIDENT MALT BEVERAGE VENDOR PERMIT

STATUTORY AUTHORITY:

GS 18B-1113

APPLICATION FORM TITLE:

NON-RESIDENT VENDOR PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$100.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

WINE VENDOR/NONRESIDENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NON-RESIDENT WINE VENDOR PERMIT

STATUTORY AUTHORITY:

GS 18B-1114

APPLICATION FORM TITLE:

NON-RESIDENT VENDOR PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$100.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/CARRIERS TRANSPORTATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL TRANSPORTATION PERMIT

STATUTORY AUTHORITY:

GS 18B-1115

APPLICATION FORM TITLE:

APPLICATION FOR BEER/WINE TRANSPORTATION PERMIT

APPLICATION FOR TRANSPORTATION OF SPIRITUOUS LIQUOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMIT IS EFFECTIVE AS LONG AS THE BOND IS IN EFFECT

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MALT BEVERAGE WHOLESALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MALT BEVERAGE WHOLESALER PERMIT

STATUTORY AUTHORITY:

GS 18B-1109

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MALT BEVERAGE IMPORTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MALT BEVERAGE IMPORTER PERMIT

STATUTORY AUTHORITY:

GS 18B-1108

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

WINE WHOLESALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WINE WHOLESALER PERMIT

STATUTORY AUTHORITY:

GS 18B-1107

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

WINE IMPORTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WINE IMPORTER PERMIT

STATUTORY AUTHORITY:

GS 18B-1106

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

FUEL ALCOHOL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FUEL ALCOHOL PERMIT

STATUTORY AUTHORITY:

GS 18B-1105(B)

APPLICATION FORM TITLE:

APPLICATION FOR FUEL ALCOHOL DISTILLER'S PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$100.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

DISTILLERY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DISTILLERY PERMIT

STATUTORY AUTHORITY:

GS 18B-1105

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

LIMITED WINERY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIMITED WINERY PERMIT

STATUTORY AUTHORITY:

GS 18B-1103

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

BREWERY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RESIDENT BREWERY PERMIT

STATUTORY AUTHORITY:

GS 18B-1104

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

FORTIFIED WINERY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FORTIFIED WINERY PERMIT

STATUTORY AUTHORITY:

GS 18B-1102

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

UNFORTIFIED WINERY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

UNFORTIFIED WINERY PERMIT

STATUTORY AUTHORITY:

GS 18B-1101

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MALT BEVERAGES/RETAIL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ON PREMISES MALT BEVERAGES

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

\$200.00 YEARLY REGISTRATION FEE REQUIRED

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MALT BEVERAGES/RETAIL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OFF PREMISES MALT BEVERAGES

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

\$200.00 YEARLY REGISTRATION FEE

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

UNFORTIFIED WINE/RETAIL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ON PREMISES UNFORTIFIED WINE

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

\$200.00 YEARLY REGISTRATION FEE

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

FORTIFIED WINE/RETAIL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ON PREMISES FORTIFIED WINE

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

\$200.00 YEARLY REGISTRATION FEE

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

UNFORTIFIED WINE/RETAIL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OFF PREMISES UNFORTIFIED WINE

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

FORTIFIED WINE/RETAIL SALE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OFF PREMISES FORTIFIED WINE

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

\$200.00 YEARLY REGISTRATION FEE

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

BROWNBAGGING/RESTAURANT-OVER 50

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BROWNBAGGING RESTAURANT (OVER 50)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$400.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

BROWNBAGGING/RESTAURANT-UNDER 50

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BROWNBAGGING RESTAURANT (UNDER 50)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$200.00

RENEWAL: \$ 50.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

BROWNBAGGING/PRIVATE CLUB

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BROWNBAGGING PRIVATE CLUB

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$400.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

BROWNBAGGING/COMMUNITY THEATRE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BROWNBAGGING COMMUNITY THEATRE

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$400.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

BROWNBAGGING/VETERANS ORGANIZATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BROWNBAGGING - CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$400.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/SPECIAL OCCASION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SPECIAL OCCASION PERMIT

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$400.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/SPECIAL ONE TIME

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SPECIAL ONE-TIME PERMIT

STATUTORY AUTHORITY:

GS 18B-1002

APPLICATION FORM TITLE:

SPECIAL ONE-TIME PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID FOR PERIOD STATED

FEES:

INITIAL: \$50.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/LIMITED SPECIAL OCCASION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIMITED SPECIAL OCCASION PERMIT

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR LIMITED SPECIAL OCCASION PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

48 HOURS BEFORE AND AFTER OCCASION

FEES:

INITIAL: \$50.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MIXED BEVERAGES/RESTAURANT OR HOTEL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (RESTAURANT) OR (HOTEL/RESTAURANT)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES; FINANCIAL STATEMENT PROJECTION

MIXED BEVERAGES/PRIVATE CLUB

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (PRIVATE CLUB)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MIXED BEVERAGES/CONVENTION CENTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (CONVENTION CENTER)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MIXED BEVERAGES/COMMUNITY THEATRE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (COMMUNITY THEATRE)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

ALCOHOLIC BEVERAGES/CULINARY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CULINARY PERMIT

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$200.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MIXED BEVERAGES/NONPROFIT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (NON-PROFIT ORGANIZATION)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

WINERY SPECIAL EVENT PERMIT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WINERY SPECIAL EVENT PERMIT

STATUTORY AUTHORITY:

GS 18B-1114.1

APPLICATION FORM TITLE:

APPLICATION FOR WINERY SPECIAL EVENT

FEES:

\$200.00

MIXED BEVERAGES/HOTEL GUEST CABINET

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GUEST ROOM CABINET PERMIT

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

MIXED BEVERAGES/CATERING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES CATERING PERMIT

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$200.00

RENEWAL: \$ 50.00

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

MUST ALSO HOLD MIXED BEVERAGE RESTAURANT PERMIT

MIXED BEVERAGES/SPORTS CLUB

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (SPORTS CLUB)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

MIXED BEVERAGES/POLITICAL ORGANIZATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MIXED BEVERAGES PERMIT (POLITICAL ORGANIZATION)

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM MAY 1 TO APRIL 30

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

ALCOHOLIC BEVERAGES/AIR COMMERCE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AIR CARRIER PERMIT

STATUTORY AUTHORITY:

GS 18B-107

APPLICATION FORM TITLE:

APPLICATION FOR AIR CARRIER PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT

FEES:

NO FEE

ALCOHOLIC BEVERAGES/OCEANGOING SHIPS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SHIP CHANDLER'S PERMIT

STATUTORY AUTHORITY:

GS 18B-106

APPLICATION FORM TITLE:

APPLICATION FOR SHIP CHANDLER'S PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT

FEES:

NO FEE

MALT BEVERAGES/TOUR BOATS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ON PREMISE MALT BEVERAGE (TOUR BOAT) PERMIT

STATUTORY AUTHORITY:

GS 18B-1006(I)

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

FORTIFIED WINE/TOUR BOATS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ON PREMISE FORTIFIED WINE (TOUR BOAT) PERMIT

STATUTORY AUTHORITY:

GS 18B-1006(I)

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

UNFORTIFIED WINE/TOUR BOATS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ON PREMISE UNFORTIFIED WINE (TOUR BOAT)

STATUTORY AUTHORITY:

GS 18B-1006(I)

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMIT(S)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

SPIRITUOUS LIQUOR/WAREHOUSE STORAGE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO STORE SPIRITUOUS LIQUOR IN PRIVATE WAREHOUSE

STATUTORY AUTHORITY:

GS 18B-203(12); 18B-207; 4NCAC 2R.1600

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO STORE SPIRITUOUS LIQUOR IN PRIVATELY
OWNED BONDED WAREHOUSES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT

FEES:

NO FEE

BREWING ON PREMISES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BREW ON PREMISES PERMIT

STATUTORY AUTHORITY:

GS 18B-1001

APPLICATION FORM TITLE:

BREW ON PREMISES APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$400.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

CIDER AND VINEGAR MANUFACTURER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CIDER AND VINEGAR MANUFACTURER PERMIT

STATUTORY AUTHORITY:

GS 18B-1114.2

APPLICATION FORM TITLE:

CIDER VINEGAR MANUFACTURER APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$200.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

LIQUOR IMPORTER/BOTTLER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIQUOR IMPORTER/BOTTLER PERMIT

STATUTORY AUTHORITY:

GS 18B-1105.1

APPLICATION FORM TITLE:

LIQUOR IMPORTER/BOTTLER APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO 18B-903)

FEES:

INITIAL: \$500.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

WINE PRODUCER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0700

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WINE PRODUCER PERMIT

STATUTORY AUTHORITY:

GS 18B-1114.3

APPLICATION FORM TITLE:

WINE PRODUCER APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO GS 18B-903)

FEES:

INITIAL: \$300.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

WINE TASTING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

ABC COMMISSION

ADDRESS:

4307 MAIL SERVICE CENTER, RALEIGH, NC 27699-4307

CONTACT:

ANN JOHNSON OR DOYLE ALLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-779-0770

WEB ADDRESS: WWW.NCABC.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WINE TASTING PERMIT

STATUTORY AUTHORITY:

GS 18B-1001(15)

APPLICATION FORM TITLE:

APPLICATION FOR ABC PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT (REFER TO GS 18B-903)

FEES:

INITIAL: \$100.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO GENERAL STATUTES

CEMETERY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

NC CEMETERY COMMISSION

ADDRESS:

1100 NAVAHO DRIVE, GL-2, RALEIGH, NC 27609

CONTACT:

VALINDA BARNES, AT THE ABOVE ADDRESS

TELEPHONE:

919-981-2536

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CEMETERY LICENSE

STATUTORY AUTHORITY:

GS 65-55

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$800.00

RENEWAL: \$300.00

REQUIREMENTS OTHER THAN FEE:

SEE GS 65-55

CEMETERY SALES ORGANIZATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

NC CEMETERY COMMISSION

ADDRESS:

1100 NAVAHO DRIVE, GL-2, RALEIGH, NC 27609

CONTACT:

VALINDA BARNES, AT THE ABOVE ADDRESS

TELEPHONE:

919-981-2536

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CEMETERY SALES ORGANIZATION LICENSE

STATUTORY AUTHORITY:

GS 65-57

APPLICATION FORM TITLE:

APPLICATION FOR CEMETERY BROKER, SALES AND/OR MANAGEMENT CONTRACTOR'S
LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$400.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

FILING FEES: BROKER - \$200, SALES AND/OR MANAGEMENT - \$400

PRE-NEED CEMETERY PROPERTY SALES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

NC CEMETERY COMMISSION

ADDRESS:

1100 NAVAHO DRIVE, GL-2, RALEIGH, NC 27609

CONTACT:

VALINDA BARNES, AT THE ABOVE ADDRESS

TELEPHONE:

919-981-2536

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INDIVIDUAL PRE-NEED PROPERTY SALES

STATUTORY AUTHORITY:

GS 65-58, 67, 68

APPLICATION FORM TITLE:

APPLICATION FOR INDIVIDUALS SELLING PRE-NEED CEMETERY PROPERTY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR (LICENSE EXPIRES JUNE 30 OF EACH YEAR)

FEES:

INITIAL: \$25.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

SEE GS 65-58, 67, 68; ALSO TWO LETTERS OF REFERENCE

SAVINGS INSTITUTIONS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

BURT WILLIS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016 FAX 919-733-6918

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SAVINGS INSTITUTIONS CERTIFICATE OF AUTHORITY

STATUTORY AUTHORITY:

GS 54B-74, GS 54C-61

APPLICATION FORM TITLE:

APPLICATION FOR A STOCK OR MUTUAL SAVINGS & LOAN ASSOCIATION
OR SAVINGS BANK CHARTER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$8,000.00

RENEWAL: SUPERVISORY FEE BASED ON ASSET SIZE

REQUIREMENTS OTHER THAN FEE:

FEDERAL INSURANCE OF DEPOSIT ACCOUNTS

TRUST COMPANY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RAY GRACE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHARTER FOR TRUST COMPANY

STATUTORY AUTHORITY:

GS 53, ARTICLE 24

APPLICATION FORM TITLE:

APPLICATION TO CHARTER A NON-DEPOSITORY TRUST COMPANY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$8,000.00 APPLICATION FEE

RENEWAL: ANNUAL FEES BASED ON GS 53-122 (ASSESSMENT)

REQUIREMENTS OTHER THAN FEE:

STATUTORY REQUIREMENTS OF GS 53-4

BANK BRANCH

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RAY GRACE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE FOR BRANCH

STATUTORY AUTHORITY:

GS 53, ARTICLE 2; GS 53-62

APPLICATION FORM TITLE:

APPLICATION TO ESTABLISH A BRANCH

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$500.00 APPLICATION FEE

RENEWAL: ANNUAL FEES BASED ON GS 53-122

REQUIREMENTS OTHER THAN FEE:

STATUTORY REQUIREMENTS OF GS 53-62

BANK

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RAY GRACE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHARTER FOR BANK

STATUTORY AUTHORITY:

GS 53, ARTICLE 2

APPLICATION FORM TITLE:

APPLICATION FOR A BANK CHARTER AND FEDERAL DEPOSIT INSURANCE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$8,000.00 APPLICATION FEE

RENEWAL: ANNUAL FEES BASED ON GS 53-122 (ASSESSMENT)

REQUIREMENTS OTHER THAN FEE:

STATUTORY REQUIREMENTS OF GS 53-2, ET.SEQ.

MONEY TRANSMISSION, CHECKS & MONEY ORDERS SA

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

W. REITZEL DEATON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO SELL OR ISSUE CHECKS, MONEY ORDERS, OR OTHER INSTRUMENTS
FOR THE TRANSMISSION OR PAYMENT OF MONEY

STATUTORY AUTHORITY:

GS 53, ARTICLE 16A "MONEY TRANSMITTERS ACT"

APPLICATION FORM TITLE:

APPLICATION FOR MONEY TRANSMITTERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSE REMAINS IN FORCE UNTIL SURRENDERED OR REVOKED AS PROVIDED BY
LAW (AND ANNUALLY THEREAFTER)

FEES:

INVESTIGATION FEE: \$ 500.00 (NON-REFUNDABLE)

LICENSE FEE: \$1,000.00

LOCATION FEE: \$10 PER LOCATION UP TO A MAXIMUM OF \$5000 PER YEAR

REQUIREMENTS OTHER THAN FEE:

BOND, LIST OF AGENTS SELLING IN NORTH CAROLINA, AND MOST CURRENT
FINANCIAL STATEMENT

CONSUMER FINANCE LENDERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

W. REITZEL DEATON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONSUMER FINANCE LENDERS

STATUTORY AUTHORITY:

GS 53, ARTICLE 15

APPLICATION FORM TITLE:

APPLICATION FOR CONSUMER FINANCE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSE REMAINS IN FULL FORCE AND EFFECT UNTIL SURRENDERED, REVOKED, OR
SUSPENDED AS PROVIDED BY LAW

FEES:

INITIAL: INVESTIGATIVE FEE - \$250.00 REF. GS 53-168(B)

RENEWAL: ANNUAL ASSESSMENT FEE - REF. GS 53-122

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST SHOW THAT THE BUSINESS WILL PROMOTE THE CONVENIENCE AND
ADVANTAGE OF THE COMMUNITY; APPLICANT MUST DEMONSTRATE FINANCIAL
RESPONSIBILITY IN ORDER TO COMMAND THE CONFIDENCE OF THE PUBLIC;
APPLICANT MUST SHOW THAT THE BUSINESS HAS LOANABLE ASSETS OF AT LEAST
\$50,000. FOR A MORE DETAILED DISCUSSION OF REQUIREMENTS SEE GS 53-168.

BANK AUTHORITY OPERATION OF TRUST SERVICES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RAY GRACE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AUTHORITY FOR BANK TO OPERATE IN FIDUCIARY CAPACITY WITHOUT BOND

STATUTORY AUTHORITY:

GS 53, ARTICLE 14

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$200.00

RENEWAL: \$200.00

REQUIREMENTS OTHER THAN FEE:

BANK MUST BE SOLVENT TO AN AMOUNT OF NOT LESS THAN \$100,000

MORTGAGE BANKERS AND BROKERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

GEORGE C. KING, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MORTGAGE LENDERS AND BROKERS

STATUTORY AUTHORITY:

GS 53-243

APPLICATION FORM TITLE:

REGISTRATION OF MORTGAGE BANKERS/BROKERS

FEES:

INITIAL: \$500.00 AND \$50.00

RENEWAL: \$500.00 AND \$50.00

REQUIREMENTS OTHER THAN FEE:

THERE IS A THREE YEAR EXPERIENCE REQUIREMENT FOR MORTGAGE BANKERS AND BROKERS REGISTERING AFTER JULY 2, 2003. MORTGAGE BROKERS MUST POST A \$50,000 SURETY BOND.

MORTGAGE BANKERS MUST DEMONSTRATE A NET WORTH OF \$250,000. IN LIEU OF THIS NET WORTH REQUIREMENT, MORTGAGE BANKERS MAY SUPPLY EITHER A SURETY BOND OR A PLEDGED SECURITY IN THE AMOUNT OF \$150,000.

INTERNATIONAL BANK BRANCH

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 37603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

JOSEPH A. SMITH, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INTERNATIONAL BANK BRANCHES, AGENCIES AND REPRESENTATIVE OFFICES

STATUTORY AUTHORITY:

GS 53, ARTICLE 18A

APPLICATION FORM TITLE:

APPLICATION FOR BANK

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED ANNUALLY

FEES:

TO BE ESTABLISHED BY RULE

REQUIREMENTS OTHER THAN FEE:

ARTICLE 18A IMPOSES VARIOUS NET WORTH REQUIREMENTS AND IMPOSES LIMITATIONS ON THE BANKING SERVICES WHICH MAY BE OFFERED DEPENDING ON THE TYPE OF OFFICE OPERATED. THE STATUTE MUST BE CONSULTED.

REVERSE MORTGAGE LENDERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RAY GRACE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AUTHORIZATION TO MAKE REVERSE MORTGAGE LOANS

STATUTORY AUTHORITY:

GS 53, ARTICLE 21

APPLICATION FORM TITLE:

APPLICATION FOR AUTHORIZATION TO MAKE REVERSE MORTGAGE LOANS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSE REMAINS IN FULL FORCE AND EFFECT UNTIL SURRENDERED,
REVOKED OR SUSPENDED AS PROVIDED BY LAW

FEES:

INITIAL: NON-REFUNDABLE APPLICATION FEE - \$500.00 (REF. GS 53-258B)

RENEWAL: ANNUALLY - \$250.00 (REF. GS 53-258D)

REQUIREMENTS OTHER THAN FEE:

THE NC HOUSING FINANCE AGENCY, AND BANKS, SAVINGS INSTITUTIONS OR
CREDIT UNIONS ARE NOT REQUIRED TO REGISTER WITH THE COMMISSIONER OF
BANKS BUT ARE REQUIRED TO FILE WITH THE COMMISSIONER A NOTICE OF
INTENT TO MAKE MORTGAGE LOANS.

TAX REFUND ANTICIPATION LOAN FACILITATORS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

TAMI W. HINTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TAX REFUND ANTICIPATION LOAN FACILITATOR

STATUTORY AUTHORITY:

GS 53, ARTICLE 20

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION, REFUND ANTICIPATION LOAN FACILITATOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

REGISTRATION EXPIRES ON DECEMBER 31 FOLLOWING THE DATE OF ISSUANCE,
UNLESS RENEWED

FEES:

INITIAL: APPLICATION FILING FEE - \$250.00 (REF. GS 53-248(A))

RENEWAL: \$100 (REF. GS 53-248(B))

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST SHOW THAT ITS RESPONSIBILITY AND FITNESS ARE SUCH AS TO
COMMAND THE CONFIDENCE OF THE COMMUNITY. FOR A MORE DETAILED
DISCUSSION OF REQUIREMENTS, SEE GS 53-248.

INTERNATIONAL BANK CORPORATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

JOSEPH A SMITH, JR., AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INTERNATIONAL BANKING CORPORATION LICENSE

STATUTORY AUTHORITY:

GS 53, ARTICLE 18A

APPLICATION FORM TITLE:

APPLICATION FOR BANK CHARTER AND FDIC INSURANCE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED ANNUALLY

FEES:

BANK CHARTER - \$8,000.00

REQUIREMENTS OTHER THAN FEE:

BANKS ARE ASSESSED FEE ANNUALLY DEPENDING ON ASSETS. SEE GS 53-122.

TRUST REPRESENTATIVE OFFICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

DANIEL GARNER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SIGNED LETTER OF AGREEMENT-TRO

STATUTORY AUTHORITY:

GS 53-104

APPLICATION FORM TITLE:

LETTER APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AGREEMENT REMAINS IN EFFECT UNTIL SURRENDERED OR REVOKED

FEES:

NONE; HOWEVER, TRO IS SUBJECT TO ACTUAL EXAMINATION EXPENSES BASED ON HOURLY RATE PER NCAC TO4, 3C, .1601(B).

REQUIREMENTS OTHER THAN FEE:

SUBJECT TO PERIODIC EXAMINATION FOR COMPLIANCE WITH LETTER OF AGREEMENT.

LOAN PRODUCTION OFFICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

DANIEL GARNER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SIGNED LETTER OF AGREEMENT-LPO

STATUTORY AUTHORITY:

GS 53-104

APPLICATION FORM TITLE:

LETTER APPLICATION AND LOAN PRODUCTION OFFICE REGISTRATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AGREEMENT REMAINS IN EFFECT UNTIL SURRENDERED OR REVOKED

FEES:

NONE; HOWEVER, LPO IS SUBJECT TO ACTUAL EXAMINATION EXPENSES BASED ON HOURLY RATE PER NCAC TO4, 3C, .1601(B).

REQUIREMENTS OTHER THAN FEE:

SUBJECT TO PERIODIC EXAMINATION FOR COMPLIANCE WITH LETTER OF AGREEMENT.

BANK HOLDING COMPANY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RAY GRACE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LETTER ACKNOWLEDGMENT OF REGISTRATION

STATUTORY AUTHORITY:

GS 53, ARTICLE 18

APPLICATION FORM TITLE:

BANK HOLDING COMPANY INITIAL/ANNUAL REGISTRATION (FORM 61-A) AND
ORGANIZATIONAL INFORMATION (FORM 61)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$1,000.00

RENEWAL: \$ 750.00

REQUIREMENTS OTHER THAN FEE:

STATUTORY REQUIREMENTS OF GS 53-225

CHECK CASHING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

OFFICE OF THE COMMISSIONER OF BANKS

ADDRESS:

316 WEST EDENTON STREET, RALEIGH, NC 27603

MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309

CONTACT:

RODNEY E. OLDHAM, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3016

WEB ADDRESS: WWW.BANKING.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHECK-CASHING LICENSE

STATUTORY AUTHORITY:

GS 53, ARTICLE 22

APPLICATION FORM TITLE:

APPLICATION FOR CHECK-CASHING BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$750.00 (\$250.00 APPLICATION FEE PLUS \$500.00 INVESTIGATION FEE)

RENEWAL: \$250.00 PLUS \$50.00 FOR EACH BRANCH LOCATION

LICENSEE IS SUBJECT TO EXAMINATION EXPENSES BASED ON HOURLY RATE PER NCAC T04, 3C, .1601(B).

REQUIREMENTS OTHER THAN FEE:

STATUTORY REQUIREMENT OF GS 53-275, ET SEQ.

BUS COMPANY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

BARBARA A. SHARPE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4036

WEB ADDRESS: WWW.NCUC.NET

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY FOR REGULAR ROUTE PASSENGER OPERATIONS BY
BUS COMPANIES

STATUTORY AUTHORITY:

GS 62-262.1

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR PASSENGER OPERATIONS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: \$250.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

SEE GS 62-262.1; MUST SHOW FITNESS

MOTOR CARRIER CERTIFICATES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

BARBARA A. SHARPE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4036

WEB ADDRESS: WWW.NCUC.NET

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF EXEMPTION TO TRANSPORT HOUSEHOLD GOODS

STATUTORY AUTHORITY:

GS 62-261(8)

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF EXEMPTION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

MUST SHOW THAT APPLICANT IS FIT, WILLING & ABLE TO PROVIDE SERVICE, FINANCIAL SOLVENCY, AND MUST FILE LIABILITY INSURANCE (FORM E), CARGO INSURANCE (FORM H), AND CERTIFICATE OF GENERAL LIABILITY INSURANCE.

PASSENGER BROKERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

BARBARA A. SHARPE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4036

WEB ADDRESS: WWW.NCUC.NET

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PASSENGER BROKERS LICENSE

STATUTORY AUTHORITY:

GS 62-263

APPLICATION FORM TITLE:

APPLICATION FOR PASSENGER BROKERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: \$25.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

UTILITIES COMMISSION RULE R2-66; MUST SHOW EVIDENCE OF FITNESS AND
PUBLIC DESIRES AND WILL USE THE SERVICE

PUBLIC UTILITY CERTIFICATE OF NEED

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

CHIEF CLERK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7328

WEB ADDRESS: WWW.NCUC.NET

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY TO OPERATE AS A PUBLIC UTILITY

STATUTORY AUTHORITY:

GS 62-110

APPLICATION FORM TITLE:

(NO SPECIFIC FORM OR TITLE)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: FEE VARIES ACCORDING TO GROSS ANNUAL OPERATING REVENUE AND UTILITY TYPE.

REQUIREMENTS OTHER THAN FEE:

GENERALLY, MUST SHOW FITNESS, WILLINGNESS, ABILITY & THAT PUBLIC CONVENIENCE & NECESSITY REQUIRES THE PROPOSED UTILITY SERVICE; COMMISSION ORDER CONSTITUTES CERTIFICATE.

PUBLIC TELEPHONE SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

CHIEF CLERK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7328

WEB ADDRESS: WWW.NCUC.NET

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CUSTOMER OWNED PAY TELEPHONE CERTIFICATES

STATUTORY AUTHORITY:

GS 62-110 (C)

APPLICATION FORM TITLE:

APPLICATION FOR PSP CERTIFICATE (TELEPHONE)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: \$25.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST COMPLY WITH COMMISSION RULE R-13, GS 62-110 AND FEDERAL COMMUNICATIONS COMMISSION RULES. RULE R-13 IS ATTACHED TO APPLICATION WHEN MAILED. IF APPLICATION IS RETRIEVED FROM WEBSITE, THE RULE IS ACCESSIBLE ON WEBSITE UNDER "RULES."

GENERATING FACILITY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

SAMMY KIRBY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3969

WEB ADDRESS: WWW.NCUC.NET

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE FOR QUALIFYING COGENERATOR OR SMALL POWER PRODUCER

STATUTORY AUTHORITY:

GS 62-110.1

APPLICATION FORM TITLE:

(NO SPECIFIC APPLICATION FORM)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: \$25.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST COMPLY WITH COMMISSION RULE R1-37 (AVAILABLE ON REQUEST)

COMMISSION ORDER CONSTITUTES CERTIFICATE

FERRY BOAT OPERATORS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

COMMERCE

DIVISION:

UTILITIES COMMISSION

ADDRESS:

DOBBS BUILDING, 430 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

BARBARA A. SHARPE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4036

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

STATUTORY AUTHORITY:

GS 62-3 AND GS 62-262(E)

APPLICATION FORM TITLE:

APPLICATION FOR FERRY BOAT OPERATIONS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

\$25.00 FILING FEE

REQUIREMENTS OTHER THAN FEE:

SEE GS 62-262(E)

BINGO GAMES/SINGLE OCCASION

PURPOSE:

REGULATION OF SINGLE OCCASION BINGO GAMES

DEPARTMENT:

CRIME CONTROL AND PUBLIC SAFETY

DIVISION:

ALCOHOL LAW ENFORCEMENT

ADDRESS:

4701 MAIL SERVICE CENTER, RALEIGH, NC 27699-4701

CONTACT:

TONI GUTHRIE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3029 FAX 919-733-8002

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SINGLE OCCASION PERMIT TO CONDUCT A BINGO GAME

STATUTORY AUTHORITY:

GS 14-309.7(E)

APPLICATION FORM TITLE:

APPLICATION FOR EXEMPT ORGANIZATION SINGLE OCCASION PERMIT TO CONDUCT A
BINGO GAME (BL-5)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 BINGO SESSIONS

FEES:

\$100.00

REQUIREMENTS OTHER THAN FEE:

MUST MEET DEFINITION OF "EXEMPT ORGANIZATION" AS PROVIDED BY GS 14-309.
6(1)

BINGO GAMES/EXEMPT ORGANIZATION

PURPOSE:

REGULATION OF EXEMPT ORGANIZATION TO OPERATE BINGO GAMES

DEPARTMENT:

CRIME CONTROL AND PUBLIC SAFETY

DIVISION:

ALCOHOL LAW ENFORCEMENT

ADDRESS:

4701 MAIL SERVICE CENTER, RALEIGH, NC 27699-4701

CONTACT:

TONI GUTHRIE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3029 FAX 919-733-8002

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EXEMPT ORGANIZATION LICENSE TO OPERATE BINGO GAMES

STATUTORY AUTHORITY:

GS 14-309.7

APPLICATION FORM TITLE:

APPLICATION FOR EXEMPT ORGANIZATION LICENSE TO OPERATE BINGO GAMES
(BL-1)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

ANNUAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

MUST MEET DEFINITION OF "EXEMPT ORGANIZATION" AS PROVIDED BY GS 14-309.6(1). MUST SATISFY REQUIREMENTS OF GS 14-309.7(C) WITH RESPECT TO PROPERTY IN/ON WHICH BINGO GAME IS TO BE HELD.

PROFESSIONAL BOXING/KICKBOXING/TOUGHMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

CRIME CONTROL AND PUBLIC SAFETY

DIVISION:

BOXING COMMISSION

ADDRESS:

4701 MAIL SERVICE CENTER, RALEIGH, NC 27699-4701

CONTACT:

JEANETTE KING, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3925 FAX 919-715-7077

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

- (1) EVENT PERMIT
- (2) LICENSES FOR CONTESTANTS, OFFICIALS, PROMOTERS, MANAGERS AND MATCHMAKERS

STATUTORY AUTHORITY:

GS 143, ARTICLE 68

APPLICATION FORM TITLE:

- (1) NC BOXING COMMISSION - PROMOTERS LICENSE APPLICATION
- (2) NC BOXING COMMISSION - RINGSIDE OFFICIALS LICENSE APPLICATION
- (3) NC BOXING COMMISSION - "TOUGHMAN" CONTESTANT LICENSE APPLICATION
- (4) NC BOXING COMMISSION - PROFESSIONAL BOXER/KICKBOXER LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMIT - REQUIRED PER EVENT
LICENSES FOR FIGHTERS OR CONTESTANTS - EXPIRES 12 MONTHS FROM ISSUE DATE
LICENSES FOR PROMOTERS OR OFFICIALS - VALID FROM JANUARY TO DECEMBER

FEES:

ANNOUNCER - \$ 50.00	MATCHMAKER - \$200.00	SECOND - \$25.00
CONTESTANT- \$ 25.00	PROMOTER - \$300.00	
JUDGE - \$ 50.00	REFEREE - \$ 50.00	
MANAGER - \$100.00	TIMEKEEPER - \$ 50.00	

REQUIREMENTS OTHER THAN FEE:

MEDICAL INSURANCE COVERAGE ON CONTESTANTS; SURETY BOND POSTED BY PROMOTER

MOTOR CARRIER/TEMPORARY EMERGENCY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

CRIME CONTROL AND PUBLIC SAFETY

DIVISION:

HIGHWAY PATROL/MOTOR CARRIER UNIT

ADDRESS:

1425 ROCK QUARRY ROAD, SUITE 100, RALEIGH, NC 27610

CONTACT:

NCDMV, IRP SECTION

TELEPHONE:

919-861-3720

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TEMPORARY EMERGENCY PERMITS IN LIEU OF IDENTIFICATION "BINGO" STAMPS

MONETARY RECEIPT-NO LICENSE

STATUTORY AUTHORITY:

GS 20-382; GS 20-385

APPLICATION FORM TITLE:

NONE - MOSTLY REQUESTED BY PHONE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

10 DAYS

FEES:

INITIAL: \$10.00

RENEWAL: NON-RENEWABLE

REQUIREMENTS OTHER THAN FEE:

MOTOR CARRIER MUST PAY REGISTRATION FEE OF \$25.00 AND VERIFY REQUIRED
LIABILITY INSURANCE COVERAGE PRIOR TO ISSUANCE OF PERMIT

ARCHAEOLOGICAL INVESTIGATIONS ON STATE LANDS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

CULTURAL RESOURCES

DIVISION:

ARCHIVES & HISTORY/OFFICE OF STATE ARCHAEOLOGY

ADDRESS:

4619 MAIL SERVICE CENTER, RALEIGH, NC 27699-4619

CONTACT:

STEPHEN R. CLAGGETT, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7342

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ARCHAEOLOGICAL PERMIT

STATUTORY AUTHORITY:

GS 70-13 AND GS 70, ARTICLE 4

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT UNDER THE NORTH CAROLINA ARCHAEOLOGICAL
RESOURCES PROTECTION ACT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SPECIFIC PERMITS - NOT TO EXCEED 3 YEARS
GENERAL PERMITS (STATE AGENCIES) - 5 YEARS

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

PROFESSIONAL QUALIFICATIONS, PUBLIC INTEREST, ADEQUATE FUNDING, COM-
PATIBILITY WITH AGENCY LAND USE PLANS, REPORTS, APPROPRIATE CURATION OF
ARCHAEOLOGICAL MATERIALS AND RECORDS.

UNDERWATER ARCHAEOLOGY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

CULTURAL RESOURCES

DIVISION:

ARCHIVES & HISTORY/UNDERWATER ARCHAEOLOGY UNIT

ADDRESS:

PO BOX 58, KURE BEACH, NC 28449

CONTACT:

RICHARD W. LAWRENCE, AT THE ABOVE ADDRESS

TELEPHONE:

910-458-9042

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

UNDERWATER ARCHAEOLOGY PERMIT

STATUTORY AUTHORITY:

GS 121, ARTICLE 3

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT FOR EXPLORATION, RECOVERY AND SALVAGE OF
SUBMERGED CULTURAL RESOURCES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: NO CHARGE

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

THE APPROPRIATENESS OF THE PROPOSED PROJECT AND THE QUALIFICATIONS AND
ABILITY OF THE APPLICANT TO CONDUCT THE PROPOSED WORK.
PUBLIC INTEREST, PROPER CONSERVATION AND CURATION OF RECOVERED
ARCHAEOLOGICAL MATERIALS.

AIR QUALITY - CONSTRUCT/OPERATE

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

AIR QUALITY

ADDRESS:

2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1641 MAIL SERVICE CENTER, RALEIGH, NC 27699-1641

CONTACT:

JOHN EVANS AT THE ABOVE ADDRESS

TELEPHONE:

919-715-6252

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AIR QUALITY PERMIT

STATUTORY AUTHORITY:

GS 143, ARTICLE 21B

APPLICATION FORM TITLE:

APPLICATION FOR AIR QUALITY PERMIT TO CONSTRUCT AND OPERATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: CONTACT DIVISION - FEE SCHEDULE STARTS AT \$50.00

RENEWAL: CONTACT DIVISION - NO FEE FOR RENEWALS

CONTACT ABOVE NUMBER

REQUIREMENTS OTHER THAN FEE:

CONTACT DIVISION

AIR QUALITY - TITLE V

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

AIR QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1641 MAIL SERVICE CENTER, RALEIGH, NC 27699-1641

CONTACT:

DON VAN DER VAART AT THE ABOVE ADDRESS

TELEPHONE:

919-715-6253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AIR QUALITY PERMIT (PART I "TITLE V OPERATION PERMIT")

STATUTORY AUTHORITY:

GS 143, ARTICLE 21B

APPLICATION FORM TITLE:

APPLICATION FOR AIR QUALITY PERMIT TO CONSTRUCT AND OPERATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: CONTACT DIVISION - FEE SCHEDULE STARTS AT \$834.00

RENEWAL: NO FEE

REQUIREMENTS OTHER THAN FEE:

CONTACT DIVISION

AIR QUALITY - TRANSPORTATION FACILITY

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

AIR QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1641 MAIL SERVICE CENTER, RALEIGH, NC 27699-1641

CONTACT:

CONNIE HORNE AT THE ABOVE ADDRESS

TELEPHONE:

919-715-6268

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TRANSPORTATION FACILITY AIR PERMIT

STATUTORY AUTHORITY:

GS 143, ARTICLE 21B

APPLICATION FORM TITLE:

APPLICATION FOR A "PERMIT TO CONSTRUCT OR MODIFY A TRANSPORTATION FACILITY"

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$400.00

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

CONTACT DIVISION

MAJOR COASTAL DEVELOPMENT

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT INVOLVING DEVELOPMENT UNDER
THE COASTAL AREA MANAGEMENT ACT IN THE 20 COASTAL COUNTIES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

COASTAL MANAGEMENT

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1638 MAIL SERVICE CENTER, RALEIGH, NC 27699-1638

CONTACT:

DOUG HUGGETT AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2293 EXTENSION 245

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CAMA MAJOR DEVELOPMENT PERMIT

STATUTORY AUTHORITY:

GS 113A-118

APPLICATION FORM TITLE:

APPLICATION FOR PERMITS TO DEVELOP IN NC'S COASTAL AREA (20
COASTAL COUNTIES)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DECEMBER 31 OF THIRD YEAR AFTER ISSUANCE

FEES:

INITIAL: \$250.00 TO \$400.00
RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

SCALE WORKPLANS, COPY OF DEED TO PROPERTY. NARRATIVE DESCRIPTION AS
NEEDED. CERTAIN WORK, MARINA CONSTRUCTION E.G. IN PUBLIC TRUST WATERS
MAY REQUIRE AN ENVIRONMENTAL ASSESSMENT UNDER THE NC ENVIRONMENTAL
POLICY ACT.

COASTAL DREDGE AND FILL

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT INVOLVING DEVELOPMENT UNDER
THE COASTAL AREA MANAGEMENT ACT IN THE 20 COASTAL COUNTIES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

COASTAL MANAGEMENT

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1638 MAIL SERVICE CENTER, RALEIGH, NC 27699-1638

CONTACT:

DOUG HUGGETT AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2293 EXTENSION 245

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE DREDGE AND FILL PERMIT

STATUTORY AUTHORITY:

GS 113-229

APPLICATION FORM TITLE:

APPLICATION FOR PERMITS TO DREDGE OR FILL IN NC'S ESTUARINE
WATERS, TIDELANDS OR MARSHLANDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DECEMBER 31 OF THIRD YEAR AFTER ISSUANCE

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

SCALE WORKPLANS, COPY OF DEED TO PROPERTY. NARRATIVE DESCRIPTION AS
NEEDED. CERTAIN WORK, MARINA CONSTRUCTION E.G. IN PUBLIC TRUST WATERS
MAY REQUIRE AN ENVIRONMENTAL ASSESSMENT UNDER THE NC ENVIRONMENTAL
POLICY ACT.

MINOR COASTAL DEVELOPMENT

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT INVOLVING DEVELOPMENT UNDER THE
COASTAL AREA MANAGEMENT ACT IN THE 20 COASTAL COUNTIES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

COASTAL MANAGEMENT

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1638 MAIL SERVICE CENTER, RALEIGH, NC 27699-1638

CONTACT:

ED BROOKS, MINOR PERMIT COORDINATOR, 127 CARDINAL DRIVE EXTENSION,
WILMINGTON, NC 28405

TELEPHONE:

910-395-3900

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CAMA MINOR DEVELOPMENT PERMIT (PERMIT TO DEVELOP IN NORTH CAROLINA'S
COASTAL AREA - 20 COASTAL COUNTIES)

STATUTORY AUTHORITY:

GS 113A-118

APPLICATION FORM TITLE:

CAMA MINOR DEVELOPMENT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS FROM ISSUANCE DATE

FEES:

INITIAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

WORKPLAN DRAWINGS, COMPLETED APPLICATION FORM

FEDERAL CONSISTENCY

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT INVOLVING DEVELOPMENT UNDER
THE COASTAL AREA MANAGEMENT ACT IN THE 20 COASTAL COUNTIES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

COASTAL MANAGEMENT

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1638 MAIL SERVICE CENTER, RALEIGH, NC 27699-1638

CONTACT:

GUY PEARCE AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2293

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CAMA PROGRAM CONSISTENCY

STATUTORY AUTHORITY:

GS 113A-100, SECTION 307 OF FEDERAL COASTAL ZONE MANAGEMENT ACT - 1972

APPLICATION FORM TITLE:

NO SPECIFIC FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

SET OF WORK PLANS, PROJECT DESCRIPTION, CONTACT PERSON FOR CERTAIN
WORK, COPY OF ENVIRONMENTAL DOCUMENT UNDER NC ENVIRONMENTAL POLICY
ACT (NCEPA) AND/OR NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)

BED AND BREAKFAST ESTABLISHMENT

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

LOCAL COUNTY HEALTH DEPARTMENT OR FOOD AND LODGING SANITATION BRANCH

TELEPHONE:

919-733-2905

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR BED AND BREAKFAST ESTABLISHMENTS

STATUTORY AUTHORITY:

GS 130A-248

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID UNTIL OPERATION IS TRANSFERRED OR PERMIT IS SUSPENDED OR REVOKED

FEES:

INITIAL: \$50.00 ANNUAL STATE FEE

RENEWAL: NONE

FEE CONTACT: INSPECTIONS, STATISTICS AND FEES PROGRAM

ELIZABETH FULLER 919-715-0933

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES GOVERNING BED AND BREAKFAST ESTABLISHMENTS

LODGING FACILITY

PURPOSE:

PROTECTION AND PROMOTION OF PUBLIC HEALTH IN THE OPERATION OF HOTELS,
MOTELS, INNS, TOURIST HOMES AND OTHER PLACES PROVIDING LODGING
ACCOMMODATION FOR PAY

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

LOCAL COUNTY HEALTH DEPARTMENT OR FOOD AND LODGING SANITATION BRANCH

TELEPHONE:

919-733-2905

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR OPERATION OF LODGING FACILITY

STATUTORY AUTHORITY:

GS 130A-248

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID UNTIL OPERATION IS TRANSFERRED OR PERMIT IS SUSPENDED OR
REVOKED

FEES:

INITIAL: \$50.00 ANNUAL STATE FEE
RENEWAL: NONE
FEE CONTACT: INSPECITONS, STATISTICS AND FEES PROGRAM
ELIZABETH FULLER 919-715-0933

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES GOVERNING LODGING FACILITIES

FOOD SERVICE ESTABLISHMENT

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

LOCAL COUNTY HEALTH DEPARTMENT OR NC ENVIRONMENTAL HEALTH
FOOD AND LODGING BRANCH

TELEPHONE:

919-733-2905

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR FOOD SERVICE FACILITY

STATUTORY AUTHORITY:

GS 130A-248

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID UNTIL OPERATION IS TRANSFERRED OR PERMIT IS SUSPENDED OR
REVOKED

FEES:

INITIAL: \$50.00 ANNUAL STATE FEE

RENEWAL: NONE

FEE CONTACT: INSPECTIONS, STATISTICS AND FEES PROGRAM

ELIZABETH FULLER 919-715-0933

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES GOVERNING FOOD SERVICE

PUBLIC AND PRIVATE SCHOOLS SANITATION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

LOCAL COUNTY HEALTH DEPARTMENT OR NC ENVIRONMENTAL HEALTH
QUALITY IMPROVEMENT PROGRAM (JIM HAYES)

TELEPHONE:

919-733-9933

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGULATION OF SANITATION IN SCHOOLS (PUBLIC AND PRIVATE) WATER SYSTEM,
SEWER SYSTEM, BUILDING FACILITIES, PLAYGROUND, ETC. (LUNCH ROOMS ARE
USUALLY RATED UNDER REQUIREMENTS FOR RESTAURANT AND FOOD
ESTABLISHMENTS)

STATUTORY AUTHORITY:

GS 130A-236

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES GOVERNING THE SANITATION OF PUBLIC, PRIVATE,
AND RELIGIOUS SCHOOLS (15A NCAC 18A.2400)

MASS GATHERINGS

PURPOSE:

TO PROVIDE FOR THE PROTECTION OF THE PUBLIC HEALTH, SAFETY AND WELFARE
OF THOSE PERSONS ATTENDING MASS GATHERINGS AND THOSE PERSONS WHO RESIDE
NEAR OR ARE LOCATED IN PROXIMITY TO THE SITES OF MASS GATHERINGS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1630 MAIL SERVICE CENTER, RALEIGH, NC 27699-1630

CONTACT:

MIKE KELLY AT THE ABOVE ADDRESS

TELEPHONE:

919-715-0929

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR MASS GATHERINGS

STATUTORY AUTHORITY:

GS 130A, ARTICLE 8, PART 7

APPLICATION FORM TITLE:

PRELIMINARY APPLICATION FOR A PERMIT FOR A MASS GATHERING (DUE 60
DAYS PRIOR TO EVENT)---PERMIT APPLICATION DUE 30 DAYS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PROVISIONAL PERMIT ISSUED WHILE REQUIREMENTS ARE BEING MET. IF
INSPECTION CONDUCTED 5 DAYS BEFORE THE START OF THE MASS GATHERING
INDICATES ALL REQUIREMENTS HAVE BEEN MET, PERMIT IS ISSUED AND IS IN
EFFECT UNTIL SATISFACTORY POST-GATHERING CLEAN-UP HAS BEEN COMPLETED.

FEES:

INITIAL: \$100.00 (GOOD FOR ONLY ONE EVENT)

REQUIREMENTS OTHER THAN FEE:

THE PERMITTEE MUST DEMONSTRATE ABILITY TO COMPLY WITH 10 NCAC 10A
.1400, THE RULES GOVERNING THE SANITATION OF MASS GATHERINGS; POST A
PERFORMANCE BOND AND FILE EVIDENCE OF PUBLIC LIABILITY AND PROPERTY
DAMAGE INSURANCE IN AN AMOUNT NOT TO EXCEED \$1,000,000.

WATER TREATMENT FACILITY OPERATOR

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH, WATER RESOURCES, AND WATER
TREATMENT FACILITIES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1635 MAIL SERVICE CENTER, RALEIGH, NC 27699-1635

CONTACT:

TONY ARNOLD OR BECKY BARNES, WATER TREATMENT CERTIFICATION AT
THE ABOVE ADDRESS

TELEPHONE:

919-715-9572 (TONY ARNOLD); 919-715-3218 (BECKY BARNES)

OFFICE HOURS:

8:00 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WATER TREATMENT FACILITY OPERATOR CERTIFICATIONS/A-SURFACE, B-SURFACE,
C-SURFACE, A-WELL, B-WELL, C-WELL, D-WELL, A-DISTRIBUTION, B-DISTRIBU-
TION, C-DISTRIBUTION, AND D-DISTRIBUTION, CROSS-CONNECTION CONTROL

STATUTORY AUTHORITY:

GS 90A-20 THROUGH GS 90A-32

APPLICATION FORM TITLE:

APPLICATION FOR EXAMINATION AND CERTIFICATION AS WATER TREATMENT
FACILITY OPERATOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEW ANNUALLY

FEES:

INITIAL: (EXAM FEE) \$30.00
RENEWAL: \$25.00 WITH RENEWAL LATE FEE OF \$30.00 IF NOT PAID BY
FEBRUARY 1

REQUIREMENTS OTHER THAN FEE:

EDUCATION AND EXPERIENCE REQUIREMENTS

PUBLIC WATER SUPPLY/PLAN-SPECIFICATIONS

PURPOSE:

PROTECTION OF PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1634 MAIL SERVICE CENTER, RALEIGH, NC 27699-1634

CONTACT:

TONY CHEN, PUBLIC WATER SUPPLY SECTION AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2321

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PLAN APPROVAL FOR PUBLIC WATER SUPPLY SYSTEM

STATUTORY AUTHORITY:

GS 130A-317

APPLICATION FORM TITLE:

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS FOR WATER SUPPLY SYSTEMS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

PLANS AND SPECIFICATIONS FOR ALL PUBLIC WATER SUPPLY SYSTEMS SHALL BE PREPARED BY AN ENGINEER LICENSED IN THE STATE OF NC AND SHALL BE APPROVED BY THE DIVISION OF ENVIRONMENTAL HEALTH PRIOR TO CONSTRUCTION.

WELL SITE APPROVAL

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1634 MAIL SERVICE CENTER, RALEIGH, NC 27699-1634

CONTACT:

TONY CHEN, PUBLIC WATER SUPPLY SECTION AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2321

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SOURCE/WELL SITE APPROVAL

STATUTORY AUTHORITY:

GS 130A, ARTICLE 10

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SITE APPROVALS HAVE UNLIMITED DURATION UNLESS SITE IS NO LONGER CAPABLE
OF MEETING THE ORIGINAL SITE APPROVAL CRITERIA

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

SITE INSPECTION BY AUTHORIZED DIVISION OF ENVIRONMENTAL HEALTH/PUBLIC
WATER SUPPLY SECTION PERSONNEL

BEDDING MANUFACTURING

PURPOSE:

TO PROTECT AND PROMOTE THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1631 MAIL SERVICE CENTER, RALEIGH, NC 27699-1631

CONTACT:

CARLETTE HENSLEY, PUBLIC HEALTH PEST MANAGEMENT SECTION, SLEEP PRODUCTS
BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6407

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BEDDING MANUFACTURER'S LICENSE

STATUTORY AUTHORITY:

GS 130A-261 TO 273, PARTICULARLY 267 & 268

APPLICATION FORM TITLE:

APPLICATION FOR NORTH CAROLINA BEDDING MANUFACTURER'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$720.00/YEAR, PRORATED BY QUARTER

RENEWAL: DEPENDS ON BUSINESS VOLUME AT 5.2

CENTS/UNIT, \$50.00 MINIMUM

REQUIREMENTS OTHER THAN FEE:

MUST COMPLY WITH MATERIAL REQUIREMENTS, AND GIVE BUSINESS VOLUME IN NC
FOR PREVIOUS YEAR FOR EACH TYPE OF BEDDING ITEM

BEDDING SANITIZING

PURPOSE:

PROTECTION AND PROMOTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1631 MAIL SERVICE CENTER, RALEIGH, NC 27699-1631

CONTACT:

CARLETTA HENSLEY, PUBLIC HEALTH MANAGEMENT SECTION, SLEEP PRODUCTS
BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-6407

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BEDDING SANITIZER'S LICENSE

STATUTORY AUTHORITY:

GS 130A-261 TO 273, PARTICULARLY 262 & 268

APPLICATION FORM TITLE:

APPLICATION FOR NORTH CAROLINA SANITIZER'S LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: 5.2 CENTS/UNIT, \$50.00 MINIMUM

RENEWAL: 5.2 CENTS/UNIT, \$50.00 MINIMUM

REQUIREMENTS OTHER THAN FEE:

EACH SANITIZER IS VISITED EVERY YEAR BY BEDDING INSPECTOR WHO CHECKS
OPERATION OF SANITIZING MACHINERY

GRADE "A" MILK

PURPOSE:

TO PROTECT AND PROMOTE THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

ENVIRONMENTAL HEALTH SERVICES SECTION

MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

KAY SIGMON, DAIRY AND FOOD PROTECTION, AT THE ABOVE ADDRESS

TELEPHONE:

704-483-6218

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GRADE "A" MILK PERMIT

STATUTORY AUTHORITY:

GS 130A-275

15A NCAC 18A .1200

APPLICATION FORM TITLE:

GRADE "A" MILK PERMIT DHS 3278(1/85)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES GOVERNING GRADE "A" MILK SANITATION

15A NCAC 18A .1200

CRUSTACEA SANITATION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

SHELLFISH SANITATION & RECREATIONAL WATER QUALITY SECTION, PO BOX 769,
MOREHEAD CITY, NC 28557-0769

CONTACT:

WAYNE MOBLEY, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-6827

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR CRUSTACEA-WHOLESALE MARKETING, PROCESSING AND HANDLING OF
CRUSTACEA MEAT FOR HEALTH SANITATION REQUIREMENTS

STATUTORY AUTHORITY:

GS 130A-230

APPLICATION FORM TITLE:

DHS FORM 1096 SHELLFISH SANITATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (CRUSTACEA PERMITS EXPIRE ON MARCH 31)

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES COVERING THE PRODUCT WHICH THE APPLICANT REQUESTS
TO BE PERMITTED

SHELLFISH SANITATION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

SHELLFISH SANITATION AND RECREATIONAL WATER QUALITY SECTION, PO BOX 769
MOREHEAD CITY, NC 28557-0769

CONTACT:

WAYNE MOBLEY, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-6827

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR SHELLFISH-WHOLESALE MARKETING, PROCESSING AND HANDLING OF
SHELLFISH FOR HEALTH SANITATION REQUIREMENTS

STATUTORY AUTHORITY:

GS 130A-230

APPLICATION FORM TITLE:

DHS FORM 1096 SHELLFISH SANITATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (SHELLFISH PERMITS EXPIRE ON APRIL 30)

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH RULES COVERING THE PRODUCT WHICH THE APPLICANT REQUESTS
TO BE PERMITTED

PUBLIC SWIMMING POOL OPERATION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH BY ASSURING PROPER CONSTRUCTION,
OPERATION AND MAINTENANCE OF PUBLIC SWIMMING POOLS. THE TERM INCLUDES
MUNICIPAL, SCHOOL, MOTEL, HOTEL, APARTMENT, BOARDING HOUSE, ATHLETIC
CLUB OR OTHER MEMBERSHIP FACILITY POOLS AND SPAS.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

LOCAL COUNTY HEALTH DEPARTMENT OR DENR ENVIORMENTAL HEALTH SERVICES
SECTION/POOLS, TATTOOS AND STATE INSTITUTIONS BRANCH

TELEPHONE:

919-733-9933 (JIM HAYES)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC SMIMMING POOL OPERATION PERMIT

STATUTORY AUTHORITY:

GS 130A-281

APPLICATION FORM TITLE:

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION (FORM DEHNR 3961)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

FEES ARE VARIABLE BASED ON LOCAL BOARD OF HEALTH FEE SCHEDULE

REQUIREMENTS OTHER THAN FEE:

MEET REQUIREMENTS OF RULES GOVERNING PUBLIC SWIMMING POOLS
(15A NCAC 18A.2500)

PUBLIC WATER SUPPLY SYSTEM - COMMUNITY WATER

PURPOSE:

PROTECTION OF PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

1634 MAIL SERVICE CENTER, RALEIGH, NC 27699-1634

CONTACT:

ADDIE REIVES, PUBLIC WATER SUPPLY SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-715-3214

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMUNITY WATER SYSTEM OPERATING PERMIT

STATUTORY AUTHORITY:

GS 130A-328

APPLICATION FORM TITLE:

COMMUNITY WATER SYSTEM OPERATING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

FROM JANUARY 1 THRU DECEMBER 31 EACH YEAR, EXCEPT FROM DATE OF ISSUE
THRU DECEMBER 31 FOR FIRST TIME APPLICANTS

FEES:

RANGE FROM \$150.00 TO \$850.00 PER COMMUNITY WATER SYSTEM. THE FEE
AMOUNT DEPENDS UPON THE NUMBER OF PERSONS SERVED BY THE WATER SYSTEM.
GS 130A-328(B) SPECIFIES THE FEE AMOUNT BASED ON POPULATION RANGES
SERVED BY THE WATER SUPPLY SYSTEM.

REQUIREMENTS OTHER THAN FEE:

AN APPLICATION MUST BE SUBMITTED ALONG WITH THE REQUIRED FEE PAYMENT
(APPLICATION FORM IS MAILED TO EXISTING COMMUNITY WATER SYSTEM IN
SEPTEMBER OF EACH YEAR AND MAILED TO NEW SYSTEMS AFTER THEY ARE
ACTIVATED IN OUR DATABASE.)

TATTOOING

PURPOSE:

PROTECTION OF PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH, NC 27699-1632

CONTACT:

LOCAL COUNTY HEALTH DEPARTMENT OR DENR ENVIRONMENTAL HEALTH SERVICES
SECTION/POOLS, TATTOOS AND STATE INSTITUTIONS BRANCH

TELEPHONE:

919-733-9933 (JIM HAYES)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TATTOOING PERMIT

STATUTORY AUTHORITY:

GS 130A-283

APPLICATION FORM TITLE:

APPLICATION FOR TATTOOING PERMIT (FORM DEHNR T 854)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

VARIABLE, DEPENDING ON LOCAL BOARD OF HEALTH FEE SCHEDULE

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST MEET REQUIREMENTS OF RULES GOVERNING TATTOOING
(15A NCAC 18A.3200)

WATER IMPOUNDMENT/MOSQUITO CONTROL

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1631 MAIL SERVICE CENTER, RALEIGH, NC 27699-1631

CONTACT:

DR. BARRY ENGBER, PUBLIC HEALTH PEST MANAGEMENT SECTION

TELEPHONE:

919-733-6407

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR THE CONSTRUCTION OR EXCAVATION OF A BASIN OR THE OBSTRUCTION OF A STREAM FLOW THAT RESULTS IN ANY BODY OF WATER OF 100 ACRES OR MORE EXCEPT WHEN FORMED UNDER NATURAL CONDITIONS. PROVISIONS OF THE REGULATIONS ARE DIRECTED TOWARD MOSQUITO CONTROL.

STATUTORY AUTHORITY:

GS 143B, ARTICLE 3, PART 3; AND GS 130A-348, ARTICLE 12, PART 1

APPLICATION FORM TITLE:

IMPOUNDMENT PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT, AS LONG AS NO MOSQUITO PROBLEMS OCCUR

FEES:

NO FEE

REQUIREMENTS OTHER THAN FEE:

A DESCRIPTION OF THE PROJECT AND AN ACCURATE PLAN OF THE AREA AFFECTED ARE REQUIRED IN THE APPLICATION

ON-SITE SUBSURFACE DISPOSAL/WASTEWATER

PURPOSE:

PROTECTION OF PUBLIC HEALTH AND THE ENVIRONMENT, WITH THE OPERATION
PERMIT ISSUED THROUGH LOCAL HEALTH DEPARTMENTS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH, NC 27699-1642

CONTACT:

LOCAL HEALTH DEPARTMENT OR
ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION

TELEPHONE:

919-733-2895

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OPERATION PERMIT: REQUIRED AUTHORIZATION FOR CONSTRUCTION OF
WASTEWATER COLLECTION, TREATMENT AND DISPOSAL SYSTEMS, EXCLUDING
SYSTEMS DESIGNED TO DISCHARGE EFFLUENT TO THE LAND SURFACE OR SURFACE
WATERS

STATUTORY AUTHORITY:

GS 130A, SECTION 333 THROUGH 343

APPLICATION FORM TITLE:

NOT APPLICABLE: CONTRACTOR WOULD CONTACT THE LOCAL HEALTH DEPARTMENT
BEFORE THE SYSTEM IS COVERED UP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID AS LONG AS THE PERMITTED SYSTEM IS OPERATING PROPERLY

FEES:

VARIED: AS ESTABLISHED BY THE LOCAL BOARDS OF HEALTH

REQUIREMENTS OTHER THAN FEE:

THE OPERATION PERMIT IS REQUIRED PRIOR TO THE FACILITY RECEIVING
PERMANENT ELECTRICAL SERVICE.
TECHNICAL ASSISTANCE FROM THE STATE CAN BE REQUESTED BY THE LOCAL
HEALTH DEPARTMENT.

ON-SITE SUBSURFACE DISPOSAL/WASTEWATER

PURPOSE:

PROTECTION OF PUBLIC HEALTH AND THE ENVIRONMENT, WITH THE IMPROVEMENT
PERMIT ISSUED THROUGH LOCAL HEALTH DEPARTMENTS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH, NC 27699-1642

CONTACT:

LOCAL HEALTH DEPARTMENT OR
ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION

TELEPHONE:

919-733-2895

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

IMPROVEMENT PERMIT: REQUIRED AUTHORIZATION FOR CONSTRUCTION OF
WASTEWATER COLLECTION, TREATMENT AND DISPOSAL SYSTEMS, EXCLUDING
SYSTEMS DESIGNED TO DISCHARGE EFFLUENT TO THE LAND SURFACE OR
SURFACE WATERS

STATUTORY AUTHORITY:

GS 130A, SECTION 333 THROUGH 343

APPLICATION FORM TITLE:

IMPROVEMENT PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IMPROVEMENT PERMITS FOR WHICH A PLAT IS PROVIDED SHALL BE VALID
WITHOUT EXPIRATION.
IMPROVEMENT PERMITS FOR WHICH A SITE PLAN IS PROVIDED SHALL BE
VALID FOR 5 YEARS.

FEES:

VARIED: AS ESTABLISHED BY THE LOCAL BOARDS OF HEALTH

REQUIREMENTS OTHER THAN FEE:

IF THE WASTEWATER FLOW FOR THE SYSTEM EXCEEDS 3,000 GALLONS PER
DAY, STATE APPROVAL OF THE SYSTEM LAYOUT MUST BE OBTAINED PRIOR
TO ISSUANCE OF THE PERMIT BY THE LOCAL HEALTH DEPARTMENT.
TECHNICAL ASSISTANCE FROM THE STATE CAN BE REQUESTED BY THE LOCAL
HEALTH DEPARTMENT.

ON-SITE SUBSURFACE DISPOSAL/WASTEWATER

PURPOSE:

PROTECTION OF PUBLIC HEALTH AND THE ENVIRONMENT, WITH THE
AUTHORIZATION ISSUED THROUGH LOCAL HEALTH DEPARTMENTS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH, NC 27699-1642

CONTACT:

LOCAL HEALTH DEPARTMENT OR
ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION

TELEPHONE:

919-733-2895

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONSTRUCTION AUTHORIZATION: REQUIRED AUTHORIZATION FOR CONSTRUCTION
OF WASTEWATER COLLECTION, TREATMENT AND DISPOSAL SYSTEMS, EXCLUDING
SYSTEMS DESIGNED TO DISCHARGE EFFLUENT TO THE LAND SURFACE OR
SURFACE WATERS

STATUTORY AUTHORITY:

GS 130A, SECTION 333 THROUGH 343

APPLICATION FORM TITLE:

CONSTRUCTION AUTHORIZATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

VARIED: AS ESTABLISHED BY THE LOCAL BOARDS OF HEALTH

REQUIREMENTS OTHER THAN FEE:

IF THE WASTEWATER FLOW FOR THE SYSTEM EXCEEDS 3,000 GALLONS PER DAY,
OR IF THE SYSTEM WILL TREAT AN INDUSTRIAL WASTE STREAM, STATE APPROVAL
OF SYSTEM PLANS AND SPECIFICATIONS MUST BE OBTAINED PRIOR TO
ISSUANCE OF THE PERMIT BY THE LOCAL HEALTH DEPARTMENT.
CONSTRUCTION AUTHORIZATION ISSUANCE IS REQUIRED PRIOR TO ANY
CONSTRUCTION IN AREAS NOT SERVED BY ANOTHER APPROVED WASTEWATER
SYSTEM. TECHNICAL ASSISTANCE FROM THE STATE CAN BE REQUESTED BY THE
LOCAL HEALTH DEPARTMENT.

X-RAY AND RADIATION MACHINES

PURPOSE:

FOR PROTECTION OF THE PUBLIC HEALTH AND SAFETY AGAINST
RADIATION

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH/RADIATION PROTECTION SECTION

ADDRESS:

3825 BARRETT DRIVE, RALEIGH, NC 27609-7221

CONTACT:

DON RIFFLE OR AMY SAWYER, AT THE ABOVE ADDRESS

TELEPHONE:

919-571-4141

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION (X-RAY AND RADIATION MACHINES)

STATUTORY AUTHORITY:

GS 104E-7

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: \$90.00 - \$600.00 PER YEAR

RENEWAL: \$90.00 - \$600.00 PER YEAR

REQUIREMENTS OTHER THAN FEE:

SEE REQUIREMENTS OF 15A NCAC 11, NC REGULATIONS FOR RADIATION
PROTECTION.

RADIATION ACCELERATOR

PURPOSE:

FOR THE PROTECTION OF THE PUBLIC HEALTH AND SAFETY
AGAINST RADIATION

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH/RADIATION PROTECTION SECTION

ADDRESS:

3825 BARRETT DRIVE, RALEIGH, NC 27609-7221

CONTACT:

LEE COX, AT THE ABOVE ADDRESS

TELEPHONE:

919-571-4141

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ACCELERATOR LICENSE (RADIATION)

STATUTORY AUTHORITY:

GS 104E-7 - 10

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 - 5 YEARS

FEES:

INITIAL: \$225.00 FOR FACILITIES WITH ONE ACCELERATOR PLUS \$50.00
FOR EACH ADDITIONAL ACCELERATOR
RENEWAL: SAME AS INITIAL

REQUIREMENTS OTHER THAN FEE:

SEE 15A NCAC 11 NC REGULATIONS FOR PROTECTION AGAINST RADIATION
TRANSFERRED & RECODIFIED FROM TITLE 10, SUBCHAPTER 3G, EFFECTIVE
JANUARY 4, 1990.

RADIOACTIVE MATERIAL

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH AND SAFETY AGAINST RADIATION

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH/RADIATION PROTECTION SECTION

ADDRESS:

3825 BARRETT DRIVE, RALEIGH, NC 27609-7221

CONTACT:

LEE COX, AT THE ABOVE ADDRESS

TELEPHONE:

919-571-4141

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RADIOACTIVE MATERIAL LICENSE

STATUTORY AUTHORITY:

GS 104E-7 - 10

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 - 5 YEARS

FEES:

INITIAL: \$75.00 - \$1,175.00 PER YEAR

RENEWAL: \$75.00 - \$1,175.00 PER YEAR

REQUIREMENTS OTHER THAN FEE:

SEE 15A NCAC 11 NORTH CAROLINA REGULATIONS FOR PROTECTION AGAINST RADIATION (TRANSFERRED AND RECODIFIED FROM TITLE 10, SUBCHAPTER 3G, EFFECTIVE JANUARY 4, 1990)

TANNING FACILITY

PURPOSE:

TO PROVIDE REGISTRATION AND REGULATION OF TANNING FACILITIES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

ENVIRONMENTAL HEALTH/RADIATION PROTECTION SECTION

ADDRESS:

3825 BARRETT DRIVE, RALEIGH, NC 27609-7221

CONTACT:

EILEEN DANNACKER OR AMY SAWYER, AT THE ABOVE ADDRESS

TELEPHONE:

919-571-4141

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TANNING CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 104E-7

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF TANNING FACILITIES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL; MUST APPLY FOR RENEWAL NOT LESS THAN 30 DAYS PRIOR
TO THE EXPIRATION DATE ON THE CERTIFICATE.

FEES:

INITIAL & RENEWAL: \$100.00 PER YEAR FOR FACILITY WITH ONE PIECE OF
TANNING EQUIPMENT AND \$16.00 PER YEAR FOR EACH ADDITIONAL PIECE OF
TANNING EQUIPMENT.

REQUIREMENTS OTHER THAN FEE:

SEE 15A NCAC 11, SECTION .1400, REGULATIONS FOR PROTECTION AGAINST
RADIATION - TANNING FACILITIES.

OPEN BURNING/NON-HIGH HAZARD COUNTIES

PURPOSE:

EFFECTIVE MANAGEMENT TO MINIMIZE FIRE HAZARDS IN PROTECTING HUMAN HEALTH, PROPERTY AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

FOREST RESOURCES

ADDRESS:

1616 MAIL SERVICE CENTER, RALEIGH, NC 27699-1616

CONTACT:

DAVID JARMAN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2162 EXTENSION 232

OFFICE HOURS:

8:00 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OPEN BURNING PERMIT/NON-HIGH HAZARD COUNTIES, ALL COUNTIES EXCEPT BEAUFORT, BLADEN, CAMDEN, CARTERET, CHOWAN, CRAVEN, CURRITUCK, DARE, DUPLIN, GATES, HYDE, JONES, ONSLOW, PAMLICO, PASQUOTANK, PERQUIMANS, TYRRELL, WASHINGTON AND BRUNSWICK

STATUTORY AUTHORITY:

GS 113-60.21 - 60.31

APPLICATION FORM TITLE:

APPLICATION FOR OPEN BURNING PERMIT/NON-HIGH HAZARD COUNTIES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UP TO FOUR DAYS (DATES INDICATED ON PERMIT)

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

PERMITS SHALL BE ISSUED IN THE NAME OF THE PERSON UNDERTAKING THE BURNING AND SHALL SPECIFY THE SPECIFIC AREA IN WHICH THE BURNING IS TO OCCUR, THE TYPE AND AMOUNT OF MATERIAL TO BE BURNED, THE DURATION OF THE PERMIT, AND SUCH OTHER FACTORS AS ARE NECESSARY TO IDENTIFY THE BURNING WHICH IS ALLOWED UNDER THE PERMIT.

PERMITS ARE ISSUED BY LOCAL BURNING PERMIT AGENTS LOCATED IN EACH COUNTY. CLOSEST AGENT CAN BE LOCATED BY CALLING THE COUNTY FOREST RANGER. THE DIVISION OF AIR QUALITY RULES ON TYPE OF MATERIALS TO BE BURNED MUST BE FOLLOWED.

SPECIAL OPEN BURNING/HIGH HAZARD COUNTIES

PURPOSE:

EFFECTIVE MANAGEMENT TO MINIMIZE FIRE HAZARDS IN PROTECTING HUMAN HEALTH, PROPERTY AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

FOREST RESOURCES

ADDRESS:

1616 MAIL SERVICE CENTER, RALEIGH, NC 27699-1616

CONTACT:

DAVID JARMAN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2162 EXTENSION 232

OFFICE HOURS:

8:00 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SPECIAL OPEN BURNING PERMIT - GROUND CLEARING FOR CLEARING OVER FIVE (5) CONTIGUOUS ACRES IN BEAUFORT, BLADEN, CAMDEN, CARTERET, CHOWAN, CRAVEN, CURRITUCK, DARE, DUPLIN, GATES, HYDE, JONES, ONSLOW, PAMLICO, PASQUOTANK, PERQUIMANS, TYRRELL, WASHINGTON & BRUNSWICK COUNTIES

STATUTORY AUTHORITY:

GS 113-60.21 - 60.31

APPLICATION FORM TITLE:

APPLICATION FOR SPECIAL OPEN BURNING PERMIT - GROUND CLEARING

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AS AUTHORIZED BY ISSUING FOREST RANGER

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

PERMITS SHALL BE ISSUED IN THE NAME OF THE PERSON UNDERTAKING THE BURNING AND SHALL SPECIFY THE SPECIFIC AREA IN WHICH THE BURNING IS TO OCCUR, THE TYPE AND AMOUNT OF MATERIAL TO BE BURNED, THE DURATION OF THE PERMIT, AND SUCH OTHER FACTORS AS ARE NECESSARY TO IDENTIFY THE BURNING WHICH IS ALLOWED UNDER THE PERMIT. PERMITS ARE ISSUED ONLY BY NC DIVISION OF FOREST RESOURCES COUNTY RANGERS AND ASSISTANTS AFTER INSPECTION OF THE SITE. CALL THE COUNTY FOREST RANGER TO APPLY. DIV. OF AIR QUALITY RULES ON TYPE OF MATERIALS BURNED MUST BE FOLLOWED.

OPEN BURNING/HIGH HAZARD COUNTIES

PURPOSE:

EFFECTIVE MANAGEMENT TO MINIMIZE FIRE HAZARDS IN PROTECTING HUMAN HEALTH, PROPERTY AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

FOREST RESOURCES

ADDRESS:

1616 MAIL SERVICE CENTER, RALEIGH, NC 27699-1616

CONTACT:

DAVID JARMAN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2162 EXTENSION 232

OFFICE HOURS:

8:00 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGULAR OPEN BURNING PERMIT - HIGH HAZARD COUNTIES: BEAUFORT, BLADEN, CAMDEN, CARTERET, CHOWAN, CRAVEN, CURRITUCK, DARE, DUPLIN, GATES, HYDE, JONES, ONSLOW, PAMLICO, PASQUOTANK, PERQUIMANS, TYRRELL, WASHINGTON & BRUNSWICK

STATUTORY AUTHORITY:

GS 113-60.21 - 60.31

APPLICATION FORM TITLE:

APPLICATION FOR OPEN BURNING PERMIT - HIGH HAZARD COUNTIES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UP TO FOUR DAYS (DATES INDICATED ON PERMIT)

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

PERMITS SHALL BE ISSUED IN THE NAME OF THE PERSON UNDERTAKING THE BURNING AND SHALL SPECIFY THE SPECIFIC AREA IN WHICH THE BURNING IS TO OCCUR, THE TYPE AND AMOUNT OF MATERIAL TO BE BURNED, THE DURATION OF THE PERMIT, AND SUCH OTHER FACTORS AS ARE NECESSARY TO IDENTIFY THE BURNING WHICH IS ALLOWED UNDER THE PERMIT. PERMITS ARE ISSUED BY LOCAL BURNING PERMIT AGENTS LOCATED IN EACH COUNTY. CLOSEST AGENT CAN BE LOCATED BY CALLING THE COUNTY FOREST RANGER. DIVISION OF AIR QUALITY RULES ON TYPE OF MATERIALS BURNED MUST BE FOLLOWED.

URANIUM EXPLORATION

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

LAND RESOURCES

ADDRESS:

1612 MAIL SERVICE CENTER, RALEIGH, NC 27699-1612

CONTACT:

TYLER CLARK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2423

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

URANIUM EXPLORATION PERMIT

STATUTORY AUTHORITY:

GS 74, ARTICLE 8

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

\$5,000.00 BOND, PLUS ADDITIONAL BOND AT RATE OF \$2.00 PER LINEAR FOOT
OF EXPLORATORY ACCESS ROAD CONSTRUCTION AND \$200.00 PER EACH
EXPLORATORY DRILL HOLE OR TEST PIT.

GEOPHYSICAL EXPLORATION

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

LAND RESOURCES

ADDRESS:

1612 MAIL SERVICE CENTER, RALEIGH, NC 27699-1612

CONTACT:

TYLER CLARK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2423

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GEOPHYSICAL EXPLORATION PERMIT

STATUTORY AUTHORITY:

GS 113, ARTICLE 27

APPLICATION FORM TITLE:

APPLICATION BY LETTER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

6 MONTHS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION BY LETTER MUST BE FILED AT LEAST 10 DAYS PRIOR TO
GEOPHYSICAL OPERATIONS WITH THE DIRECTOR OF THE DIVISION OF LAND
RESOURCES. A DETAILED MAP MUST BE INCLUDED SHOWING THE EXACT AREA
IN WHICH EXPLORATION WILL BE CONDUCTED. A SURETY BOND OF \$5,000 FOR
ONE CREW OR \$25,000 FOR MORE THAN ONE CREW IS REQUIRED AND THE
OPERATOR MUST HAVE PUBLIC LIABILITY INSURANCE.

MINING

PURPOSE:

TO REDUCE ADVERSE EFFECTS OF MINING ON NATURAL RESOURCES AND TO MANAGE
NATURAL RESOURCES TO BENEFIT THE CITIZENS.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

LAND RESOURCES

ADDRESS:

1612 MAIL SERVICE CENTER, RALEIGH, NC 27699-1612

CONTACT:

TRACY E. DAVIS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4574

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MINING PERMIT

STATUTORY AUTHORITY:

GS 74-46 TO 68

APPLICATION FORM TITLE:

MINING PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SITE SPECIFIC; RANGES FROM 1 YEAR TO 10 YEARS (MAXIMUM)

FEES:

INITIAL: SEE FEE SCHEDULE/CONTACT ABOVE NUMBER

RENEWAL: SEE FEE SCHEDULE/CONTACT ABOVE NUMBER

MODIFICATION: SEE FEE SCHEDULE/CONTACT ABOVE NUMBER

REQUIREMENTS OTHER THAN FEE:

RECLAMATION BOND OR OTHER SECURITY REQUIRED. BOND BASED UPON A RANGE OF
\$500.00 TO \$5,000.00 PER AFFECTED ACRE. AMOUNT DEPENDENT ON TYPE OF
MINING AND SIZE OF AFFECTED LAND.

DAM CONSTRUCTION/MODIFICATION/REPAIR

PURPOSE:

TO IMPLEMENT A DAM INSPECTION AND CERTIFICATION PROGRAM WHILE
PROTECTING PUBLIC HEALTH, SAFETY AND WELFARE.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

LAND RESOURCES

ADDRESS:

1612 MAIL SERVICE CENTER, RALEIGH, NC 27699-1612

CONTACT:

MAXWELL FOWLER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4574

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DAM CONSTRUCTION, MODIFICATION, REPAIR, REMOVAL APPROVAL

STATUTORY AUTHORITY:

GS 143-215.23 TO .37

APPLICATION FORM TITLE:

N/A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONSTRUCTION, MODIFICATION, REPAIR (1 YEAR)

FEES:

FEE SCHEDULE VARIES. CONTACT ABOVE NUMBER

REQUIREMENTS OTHER THAN FEE:

ENGINEERING PLANS PREPARED BY A NC REGISTERED PROFESSIONAL ENGINEER
MUST BE SUBMITTED AND APPROVED. APPLIES TO ANY DAM 15 FEET HIGH OR
HIGHER AND IMPOUNDING 10 ACRE FEET OR MORE; OR TO ANY DAM WHICH IS HIGH
HAZARD.

DRILLING EXPLORATORY OIL AND GAS WELLS

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

LAND RESOURCES

ADDRESS:

1612 MAIL SERVICE CENTER, RALEIGH, NC 27699-1612

CONTACT:

TYLER CLARK, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2423

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO DRILL EXPLORATORY OIL OR GAS WELL

STATUTORY AUTHORITY:

GS 113 (378-415)

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO DRILL AN EXPLORATORY OIL OR GAS WELL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNLIMITED

FEES:

INITIAL: \$50.00

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

\$5,000 BOND REQUIRED

EROSION AND SEDIMENTATION CONTROL

PURPOSE:

TO PROVIDE PROTECTIVE MEASURES TO VULNERABLE AREAS IN DEVELOPMENTS AGAINST ACCELERATED EROSION AND SEDIMENTATION THAT DAMAGES ADJOINING PROPERTIES, STREAMS AND OTHER WATER RESOURCES OF THE STATE.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

LAND RESOURCES

ADDRESS:

1612 MAIL SERVICE CENTER, RALEIGH, NC 27699-1612

CONTACT:

SONYA AVANT, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4574

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EROSION CONTROL PLAN APPROVAL

STATUTORY AUTHORITY:

GS 113A-50 TO 66

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS IF NO LAND DISTURBING ACTIVITY HAS BEEN UNDERTAKEN

FEES:

INITIAL: SEE FEE SCHEDULE/CONTACT ABOVE NUMBER

RENEWAL: SEE FEE SCHEDULE/CONTACT ABOVE NUMBER

REQUIREMENTS OTHER THAN FEE:

EROSION CONTROL PLANS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO BEGINNING A LAND DISTURBING ACTIVITY & THE PLANS MUST BE APPROVED PRIOR TO BEGINNING THE ACTIVITY; APPLIES TO ALL LAND DISTURBING ACTIVITIES COVERING ONE ACRE OR MORE, EXCEPT AGRICULTURE, MINING AND FORESTRY ACTIVITIES CONDUCTED IN ACCORDANCE WITH FOREST PRACTICE GUIDELINES RELATED TO WATER QUALITY.

MENHADEN/NON-RESIDENTS WITHOUT STANDARD COMM

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MENHADEN LICENSE FOR NON-RESIDENTS WITHOUT A STANDARD COMMERCIAL
FISHING LICENSE

STATUTORY AUTHORITY:

GS 113-169

APPLICATION FORM TITLE:

APPLICATION FOR MENHADEN LICENSE FOR NON-RESIDENTS WITHOUT A STANDARD
COMMERCIAL FISHING LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BAIS)

FEES:

INITIAL: \$2.00 PER TON OF THE MOTHER SHIP
RENEWAL: \$2.00 PER TON OF THE MOTHER SHIP

REQUIREMENTS OTHER THAN FEE:

THE LICENSE APPLICATION FOR A MENHADEN LICENSE FOR NON-RESIDENTS WITH-
OUT A STANDARD COMMERCIAL FISHING LICENSE MUST STATE THE NAME OF THE
PERSON IN COMMAND OF THE VESSEL. UPON CHANGE IN COMMAND OF A
MENHADEN VESSEL, THE OWNER MUST NOTIFY THE DIVISION WITHIN 30 DAYS.

LAND OR SELL

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LAND OR SELL LICENSE

STATUTORY AUTHORITY:

GS 113-169.5

APPLICATION FORM TITLE:

APPLICATION FOR LAND OR SELL LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

INITIAL & RENEWAL: \$200.00 OR AN AMOUNT EQUAL TO THE AMOUNT CHARGED
TO NORTH CAROLINA FISHERMEN BY THE NON-RESIDENT'S STATE, WHICHEVER
IS GREATER.

REQUIREMENTS OTHER THAN FEE:

ISSUED TO VESSEL OWNERS OR MASTERS WHO WANT TO OFFLOAD FISH HARVESTED
BEYOND NORTH CAROLINA TERRITORIAL (GREATER THAN 3 MILES IN THE OCEAN)
WITH A VALID OUT-OF-STATE VESSEL REGISTRATION OR U.S. COAST GUARD
VESSEL DOCUMENTATION.

COMMERCIAL FISHING VESSEL

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL FISHING VESSEL REGISTRATION

STATUTORY AUTHORITY:

GS 113-168.6

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL FISHING VESSEL REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

0 - 18 FEET - \$1.00 PER FOOT
18 - 38 FEET - \$1.50 PER FOOT
38 - 50 FEET - \$3.00 PER FOOT
OVER 50 FEET - \$6.00 PER FOOT

REQUIREMENTS OTHER THAN FEE:

THIS REGISTRATION DESIGNATES A VESSEL THAT CAN BE USED IN COMMERCIAL
FISHING OPERATIONS. A DECAL MUST BE DISPLAYED ON THE PORTSIDE OF THE
VESSEL.

SHELLFISH/NC RESIDENTS WITHOUT STANDARD COMM

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SHELLFISH LICENSE FOR NC RESIDENTS WITHOUT A STANDARD COMMERCIAL
FISHING LICENSE

STATUTORY AUTHORITY:

GS 113-169.2

APPLICATION FORM TITLE:

APPLICATION FOR SHELLFISH LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

INITIAL AND RENEWAL: \$25.00

REQUIREMENTS OTHER THAN FEE:

SHELLFISH LICENSES ARE ISSUED TO INDIVIDUAL NC RESIDENTS ONLY. THIS
LICENSE ALLOWS COMMERCIAL HARVEST & SALE OF SHELLFISH. SHELLFISH
INCLUDES SCALLOPS, CLAMS, CONCHS, WHELK, OYSTER, MUSSELS, AND OTHER
MOLLUSKS.

FISH DEALER

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FISH DEALER LICENSE

STATUTORY AUTHORITY:

GS 113-169.3

APPLICATION FORM TITLE:

APPLICATION FOR FISH DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON FISCAL YEAR BASIS)

FEES:

\$50.00 - OYSTERS \$50.00 - SHRIMP
\$50.00 - CLAMS \$50.00 - FINFISH
\$50.00 - SCALLOPS \$50.00 - HARD OR SOFT CRABS
\$50.00 - OPERATING MENHADEN OR OTHER FINFISH DEHYDRATING OR OIL
EXTRACTING PROCESSING PLANTS
\$300.00 - CONSOLIDATED DEALER LICENSE (GIVES HOLDER RIGHTS TO DEAL IN
ALL CATEGORIES)
\$50.00 - NEW FISH DEALER FEE--PAID BY DEALER WHO DID NOT HOLD A VALID
FISH DEALER LICENSE FOR THE LOCATION TO BE LICENSED THE PREVIOUS YEAR.

REQUIREMENTS OTHER THAN FEE:

THIS LICENSE AUTHORIZES A NC RESIDENT (INDIVIDUAL OR BUSINESS) WITH A
PHYSICAL LOCATION WITHIN NC TO BUY FISH FOR RESALE FROM ANY PERSON WHO
HOLDS A VALID COMMERCIAL FISHING LICENSE THAT ALLOWS SALE OF FISH. A
FISH DEALER LICENSE IS REQUIRED FOR EACH LOCATION. THE FISH DEALER
MUST COMPLY WITH STATISTICAL REPORT REQUIREMENTS.

OCEAN FISHING PIER

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCEAN FISHING PIER LICENSE

STATUTORY AUTHORITY:

GS 113-169.4

APPLICATION FORM TITLE:

APPLICATION FOR OCEAN FISHING PIER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON FISCAL YEAR BASIS)

FEES:

INITIAL & RENEWAL: \$.50 PER LINEAR FOOT

REQUIREMENTS OTHER THAN FEE:

THIS LICENSE AUTHORIZES THE MANAGER OF AN OCEAN FISHING PIER TO CHARGE
THE PUBLIC A FEE TO FISH FROM A PIER.

RANGIA CLAMS MECHANICAL HARVEST

PURPOSE:

THIS PERMIT ALLOWS FOR THE HARVEST OF RANGIA (FRESH WATER CLAMS) FROM THE UPPER REACHES OF DESIGNATED ESTUARIES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR MECHANICAL HARVEST OF RANGIA CLAMS

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-201; GS 143B-289.52

APPLICATION FORM TITLE:

PERMIT FOR MECHANICAL HARVEST OF RANGIA CLAMS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

FALL OF ONE YEAR (STARTING DATE DETERMINED BY FISHERIES MANAGEMENT AND MARINE PATROL) UNTIL MAY 15 OF NEXT YEAR, OR UNTIL THE DIVISION DIRECTOR CLOSES THE SEASON.

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST BE NC RESIDENT; MUST MEET COMMERCIAL FISHING LICENSE REQUIREMENTS

SEED OYSTERS TRANSPORT

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO TRANSPLANT OYSTERS FROM SEED OYSTER MANAGEMENT AREAS

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-203; GS 143B-289.52

APPLICATION FORM TITLE:

PERMIT TO TRANSPLANT OYSTERS FROM SEED OYSTER MANAGEMENT AREAS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

APRIL 1 THROUGH OCTOBER 10 OF EACH YEAR

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST BE NC RESIDENT; MUST MEET COMMERCIAL FISHING LICENSE REQUIREMENTS;
MUST BE A SHELLFISH LEASE HOLDER OR SHELLFISH FRANCHISE HOLDER

SHELLFISH/TRANSPLANT FROM POLLUTED AREAS

PURPOSE:

THIS PERMIT ALLOWS LEASE HOLDERS AND FRANCHISE HOLDERS TO HARVEST SHELLFISH FROM DESIGNATED POLLUTED AREAS AND TRANSPORT THEM TO THEIR PRIVATE GARDENS FOR DEPURATION.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR PLANTING SHELLFISH FROM PROHIBITED (POLLUTED) AREAS

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-203; GS 143B-289.52

APPLICATION FORM TITLE:

PRMTIT FOR PLANTING SHELLFISH FROM PROHIBITED (POLLUTED) AREAS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

APRIL 1 - MAY 15 OF EACH YEAR

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST BE NORTH CAROLINA RESIDENT; MUST MEET COMMERCIAL FISHING LICENSE REQUIREMENTS; MUST BE A SHELLFISH LEASE HOLDER OR SHELLFISH FRANCHISE HOLDER.

SCIENTIFIC AND EDUCATIONAL COLLECTING/MARINE

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

PARTHA HOWELL, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCIENTIFIC AND EDUCATIONAL COLLECTING PERMIT

STATUTORY AUTHORITY:

GS 113-261; GS 113-134; GS 113-182; GS 143B-289.4

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO COLLECT MARINE AND ESTUARINE ORGANISMS FOR
SCIENTIFIC PURPOSES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JANUARY 1 - DECEMBER 31 OR DATE OF ISSUANCE TO DECEMBER 1

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

PROOF OF NEED TO COLLECT FOR SCIENTIFIC/EDUCATIONAL PURPOSES WITHOUT
PURCHASE OF STANDARD COMMERCIAL LICENSE

POUND NET SET

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

SUE ANN BAY, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

POUND NET SET PERMIT

STATUTORY AUTHORITY:

GS 113-134; GS 113-182; GS 143B-289.4

APPLICATION FORM TITLE:

POUND NET SET PERMIT - NEW

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

STANDARD COMMERCIAL FISHING LICENSE

SPOTTER PLANE OPERATION

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SPOTTER PLANE LICENSE

STATUTORY AUTHORITY:

GS 113-171.1

APPLICATION FORM TITLE:

SPOTTER PLANE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

INITIAL: \$100.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

THIS LICENSE AUTHORIZES THE USE OF AIRCRAFT TO IDENTIFY THE LOCATION OF
FISH (OTHER THAN FOOD FISH) IN COASTAL WATERS FOR A COMMERCIAL FISHING
OPERATION.

AQUACULTURE OPERATION

PURPOSE:

THIS PERMIT ALLOWS THE PERMITTEE TO CONDUCT AQUACULTURE OPERATIONS NOT REQUIRED TO BE PERMITTED BY THE WILDLIFE RESOURCES COMMISSION. IT ALSO ALLOWS FOR THE TRANSPORT AND SALE OF HATCHERY OR AQUACULTURE OPERATION PRODUCTS THAT DO NOT MEET SIZE OR BAG LIMITS.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AQUACULTURE OPERATION PERMIT

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-201; GS 143B-289.52

APPLICATION FORM TITLE:

AQUACULTURE OPERATION PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JANUARY - DECEMBER)

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST BE NORTH CAROLINA RESIDENT; MUST MEET COMMERCIAL FISHING LICENSE REQUIREMENTS; MUST SHOW CAPABILITY TO GROW HATCHERY-REARED ORGANISMS IN CONTROLLED ENVIRONMENT.

STANDARD COMMERCIAL FISHING

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STANDARD COMMERCIAL FISHING LICENSE

STATUTORY AUTHORITY:

GS 113-168.2

APPLICATION FORM TITLE:

APPLICATION FOR STANDARD COMMERCIAL FISHING LICENSE (SCFL)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

\$200.00 - NORTH CAROLINA RESIDENTS
\$800.00 - NON-RESIDENTS OR THE AMOUNT CHARGED TO NORTH CAROLINA
RESIDENTS IN THE NON-RESIDENT STATE, WHICHEVER IS LESS. IN NO EVENT
IS IT TO BE LESS THAN \$200.00.
NO COST FOR SHELLFISH ENDORSEMENT.
\$2.00 PER GROSS TON OF MOTHER SHIP FOR MENHADEN ENDORSEMENT.

REQUIREMENTS OTHER THAN FEE:

THE STANDARD COMMERCIAL FISHING LICENSE (SCFL) ALLOWS THE FISHERMAN
TO HARVEST AND SELL FISH, SHRIMP, CRABS OR ANY MARINE SPECIES, EXCEPT
MENHADEN AND SHELLFISH. TO HARVEST MENHADEN AND SHELLFISH, FISHERMEN
MUST ELECT ENDORSEMENTS TO THE SCFL.
TO BE ELIGIBLE FOR THIS LICENSE, THE FISHERMAN MUST HAVE A SCFL THE
PREVIOUS YEAR AND MUST RENEW TO RETAIN THE LICENSE. NEW ENTRANTS CAN
APPLY THROUGH THE SCFL ELIGIBILITY POOL.
THE SHELLFISH ENDORSEMENT IS ONLY ISSUED TO INDIVIDUAL NORTH CAROLINA

STANDARD COMMERCIAL FISHING

(CONTINUED)

RESIDENTS AND ALLOWS COMMERCIAL HARVEST AND SALE OF SHELLFISH.
THE MENHADEN ENDORSEMENT ALLOWS HARVEST AND SALE OF MENHADEN BY PURSE
SEINE.

AQUACULTURE COLLECTION

PURPOSE:

THIS PERMIT ALLOWS FOR THE TAKING OF MARINE AND ESTUARINE SPECIES WHICH ARE OUT OF SEASON OR OTHERWISE PROTECTED FOR AQUACULTURE PURPOSES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AQUACULTURE COLLECTION PERMIT

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-201; GS 143B-289.52

APPLICATION FORM TITLE:

AQUACULTURE COLLECTION PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LIMITED TO DURATION OF ACTIVITY - SPECIFIC DATES

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST BE NORTH CAROLINA RESIDENT; MUST HOLD CURRENT AQUACULTURE OPERATION PERMIT; MUST MEET COMMERCIAL FISHING LICENSE REQUIREMENTS; SOME ORGANISMS MAY REQUIRE A PERMIT/LICENSE FROM THE WILDLIFE RESOURCES COMMISSION OR THE DEPARTMENT OF AGRICULTURE TO COLLECT OR POSSESS. (SPECIES FOR WHICH DMF AND WILDLIFE RESOURCES OR DEPARTMENT OF AGRICULTURE HAVE JOINT JURISDICTION, OR SPECIES WHICH ONE OR THE OTHER HAS ENTIRE JURISDICTION.)

TRANSFER OF MARINE ESTUARINE ORGANISMS

PURPOSE:

THIS PERMIT ALLOWS FOR THE INTRODUCTION OF NON-NATIVE, LIVE AQUATIC PLANTS OR ANIMALS INTO THE COASTAL WATERS OF NORTH CAROLINA AND ALLOWS THE TRANSFER OF NATIVE SPECIES INTO COASTAL WATERS THAT ORIGINATED OUTSIDE NORTH CAROLINA BOUNDARIES. IT ALSO PERMITS INDIVIDUALS WANTING TO HOLD OR MAINTAIN IMPORTED MARINE OR ESTUARINE ORGANISMS IN A QUARANTINE OR ISOLATION SYSTEM FOR BROOD STOCK OR GROWOUT.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO INTRODUCE OR TRANSFER MARINE AND ESTUARINE ORGANISMS

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-201; GS 143B-289.52

APPLICATION FORM TITLE:

PERMIT TO INTRODUCE OR TRANSFER MARINE ORGANISMS INTO THE COASTAL WATERS OF THE STATE OF NORTH CAROLINA

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LIMITED TO PLANNED DATES FOR SHIPMENT AND PLACEMENT IN STATE WATERS
CERTIFICATION ONLY VALID FOR THIRTY (30) DAYS FROM DATE OF TESTING TO
DELIVERY IN NORTH CAROLINA

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

VALID CERTIFICATION FROM PLACE OF ORIGIN SHOWING THAT ORGANISMS HAVE
BEEN TESTED AND VERIFIED TO BE FREE OF PREDATORS, PEST AND PARASITES

OYSTERS & CLAMS/MECHANICAL HARVEST/NON-PUBLI

PURPOSE:

THIS PERMIT ALLOWS CERTAIN LEASE HOLDERS AND FRANCHISE HOLDERS TO HARVEST OYSTERS AND CLAMS FROM THEIR PRIVATE SHELLFISH GARDENS USING MECHANICAL METHODS.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557-0769

CONTACT:

CRAIG HARDY, RESOURCE ENHANCEMENT SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO USE MECHANICAL GEAR FOR HARVESTING OYSTERS & CLAMS ON PRIVATE SHELLFISH LEASES AND FRANCHISES

STATUTORY AUTHORITY:

GS 113-169.1; GS 113-201; GS 143B-289.52

APPLICATION FORM TITLE:

APPLICATION TO USE MECHANICAL GEAR FOR HARVESTING OYSTERS & CLAMS ON PRIVATE SHELLFISH LEASES AND FRANCHISES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY 1 - JUNE 30)

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST HAVE A SHELLFISH LEASE OR FRANCHISE. LEASE OR FRANCHISE CANNOT BE LOCATED IN A PRIMARY NURSERY AREA OR IN AN AREA CLOSED TO THE HARVESTING OF SHELLFISH DUE TO POLLUTION. BOAT OPERATOR(S) AND CREW MEMBER(S) MUST MEET COMMERCIAL FISHING LICENSE REQUIREMENTS.

RETIRED STANDARD COMMERCIAL FISHING

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL ST., MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RETIRED STANDARD COMMERCIAL FISHING LICENSE

STATUTORY AUTHORITY:

GS 113-168.3

APPLICATION FORM TITLE:

APPLICATION FOR RETIRED STANDARD COMMERCIAL FISHING LICENSE (SCFL)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

\$100.00 - NORTH CAROLINA RESIDENTS
\$800.00 - NON-RESIDENTS OR THE AMOUNT CHARGED TO NORTH CAROLINA
RESIDENTS IN THE NON-RESIDENT STATE, WHICHEVER IS LESS. IN NO EVENT
IS IT TO BE LESS THAN \$200.00
NO COST FOR SHELLFISH ENDORSEMENT
\$2.00 PER GROSS TON OF MOTHER SHIP FOR MENHADEN ENDORSEMENT

REQUIREMENTS OTHER THAN FEE:

THE RETIRED STANDARD COMMERCIAL FISHING LICENSE (RSCFL) ALLOWS THE
FISHERMAN TO HARVEST AND SELL FISH, SHRIMP, CRABS OR ANY MARINE
SPECIES, EXCEPT MENHADEN AND SHELLFISH. TO HARVEST MENHADEN AND
SHELLFISH, FISHERMEN MUST ELECT ENDORSEMENTS TO THE SCFL.
TO BE ELIGIBLE FOR THIS LICENSE, THE FISHERMAN MUST HAVE A SCFL OR
RSCFL THE PREVIOUS YEAR AND MUST BE 65 YEARS OLD AND MUST RENEW TO
RETAIN THE LICENSE. NEW ENTRANTS CAN APPLY THROUGH THE SCFL
ELIGIBILITY POOL.

RETIRED STANDARD COMMERCIAL FISHING

(CONTINUED)

THE SHELLFISH ENDORSEMENT IS ONLY ISSUED TO INDIVIDUAL NORTH CAROLINA RESIDENTS AND ALLOWS COMMERCIAL HARVEST AND SALE OF SHELLFISH. THE MENHADEN ENDORSEMENT ALLOWS HARVEST AND SALE OF MENHADEN BY PURSE SEINE.

LAND FLOUNDER FROM THE ATLANTIC OCEAN

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO LAND FLOUNDER FROM THE ATLANTIC OCEAN

STATUTORY AUTHORITY:

GS 143B-289.52D1

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE TO LAND FLOUNDER FROM THE ATLANTIC OCEAN

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THE VESSEL DESIGNATED FOR THIS LICENSE MUST HAVE BEEN LICENSED BY THE
DIVISION, EITHER THROUGH A RESIDENT OR NON-RESIDENT VESSEL LICENSE OR
LAND OR SELL LICENSE, DURING TWO OF THREE QUALIFYING LICENSE YEARS
(FY 93-95). ALSO, MUST HAVE HAD A VESSEL OR LAND OR SELL ENDORSEMENT
TO SELL LICENSE FOR JANUARY 1994 - JULY 1995. THE APPLICANT MUST HAVE
DOCUMENTED LANDINGS FROM A SINGLE VESSEL AT LEAST 1,000 POUNDS OF
OCEAN CAUGHT FLOUNDER IN 2 OF THE 3 QUALIFYING YEARS IT WAS LICENSED.
THE FISHERMAN MUST HAVE A VALID/CURRENT SCFL/RSCFL AND CFVR OR LAND OR
SELL LICENSE.

RECREATIONAL FISHING TOURNAMENT SELLING FISH

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RECREATIONAL FISHING TOURNAMENT LICENSE TO SELL FISH

STATUTORY AUTHORITY:

GS 113-168.4

APPLICATION FORM TITLE:

APPLICATION FOR RECREATIONAL FISHING TOURNAMENT LICENSE TO SELL FISH

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONLY VALID FOR THE FISHING DATES OF THE TOURNAMENT OR MAXIMUM OF 7 DAYS

FEES:

\$100.00

REQUIREMENTS OTHER THAN FEE:

TO SELL FISH TAKEN IN A TOURNAMENT, THE TOURNAMENT ORGANIZER MUST
OBTAIN A RECREATIONAL FISHING TOURNAMENT LICENSE TO SELL FISH BY
APPLYING 30 DAYS IN ADVANCE OF THE EVENT. THE HOLDER OF THE LICENSE
CAN ONLY SELL THE TOURNAMENT'S CATCH TO A LICENSED FISH DEALER.
TOURNAMENTS THAT WISH TO SELL TO THE PUBLIC MUST ACQUIRE A FISH DEALER
LICENSE.

PROCEEDS FROM THE SALE OF FISH MUST BE USED FOR RELIGIOUS, EDUCATIONAL,
CIVIC, OR CONSERVATION PURPOSES. PROCEEDS ARE NOT TO BE USED FOR
TOURNAMENT EXPENSES.

THE TOURNAMENT ORGANIZER MUST APPLY 30 DAYS IN ADVANCE OF THE
TOURNAMENT.

RECREATIONAL COMMERCIAL FISHING GEAR

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RECREATIONAL COMMERCIAL GEAR LICENSE (RCGL)

STATUTORY AUTHORITY:

GS 113-173

APPLICATION FORM TITLE:

APPLICATION FOR RECREATIONAL COMMERCIAL GEAR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

EXPIRES 1 YEAR FROM DATE OF PURCHASE

FEES:

\$35.00 - NORTH CAROLINA RESIDENTS

\$250.00 - NON-RESIDENTS

NORTH CAROLINA WILDLIFE RESOURCES COMMISSION (WRC) AGENTS ALSO SELL
THIS LICENSE. THESE AGENTS CHARGE A \$1.00 AGENT FEE IN ADDITION TO
THE COST OF THE LICENSE.

REQUIREMENTS OTHER THAN FEE:

AN INDIVIDUAL HOLDING THIS LICENSE IS ALLOWED TO USE LIMITED AMOUNTS
OF SPECIFIED COMMERCIAL GEAR TO CATCH SEAFOOD FOR PERSONAL CONSUMPTION
OR RECREATIONAL PURPOSES. THE HOLDER OF THIS LICENSE MAY NOT SELL THE
CATCH AND THE CATCH MUST STAY WITHIN RECREATIONAL HARVEST LIMITS.
USUALLY, THE INDIVIDUAL WILL NOT BE ELIGIBLE FOR THE SCFL/RSCFL. ONLY
ONE RCGL IS TO BE ISSUED PER INDIVIDUAL.

STRIPED BASS DEALER

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STRIPED BASS DEALER PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT ALLOWS THE DIVISION TO MONITOR STRIPED BASS UNDER A QUOTA
OR ALLOCATION SCHEME. THIS PERMIT ALLOWS A LICENSED DEALER TO POSSESS,
SELL, OR OFFER FOR SALE PURCHASED STRIPED BASS FROM LICENSED
COMMERCIAL FISHERMEN. FISH DEALERS HAVING MORE THAN ONE LOCATION MUST
BE ISSUED A PERMIT FOR EACH LOCATION THAT THE DEALER WISHES TO PURCHASE
STRIPED BASS.

MUST HAVE A DEALER LICENSE WITH FINFISH CATEGORY FOR EACH LOCATION TO
BE PERMITTED.

RIVER HERRING DEALER

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RIVER HERRING DEALER PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT ALLOWS THE DIVISION TO MONITOR ASMA RIVER HERRING UNDER A
QUOTA OR ALLOCATION SCHEME. ALLOWS A LICENSED FISH DEALER TO POSSESS,
SELL, OR OFFER FOR SALE PURCHASED RIVER HERRING CAUGHT IN THE ALBEMARLE
SOUND MANAGEMENT AREA FROM COMMERCIAL FISHERMEN. FISH DEALERS HAVING
MORE THAN ONE LOCATION MUST BE ISSUED A PERMIT FOR EACH LOCATION THAT
THE DEALER WISHES TO PURCHASE ASMA RIVER HERRING.
MUST HAVE A DEALER LICENSE WITH FINFISH CATEGORY FOR EACH LOCATION TO
BE PERMITTED.

FLOUNDER DEALER/ATLANTIC OCEAN

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCEAN FLOUNDER DEALER PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT ALLOWS THE DIVISION TO MONITOR SUMMER FLOUNDER UNDER A
QUOTA OR ALLOCATION SCHEME. IT ALLOWS A LICENSED FISH DEALER TO
POSSESS, SELL, OR OFFER FOR SALE PURCHASED FLOUNDER CAUGHT IN EXCESS OF
100 POUNDS PER TRIP IN THE ATLANTIC OCEAN FROM LICENSED COMMERCIAL
FISHERMEN. FISH DEALERS HAVING MORE THAN ONE LOCATION MUST BE ISSUED
A PERMIT FOR EACH LOCATION THAT THE DEALER WISHES TO PURCHASE MORE THAN
100 POUNDS OF FLOUNDER PER TRIP FROM LICENSED COMMERCIAL FISHERMEN.
MUST HAVE A DEALER LICENSE WITH FINFISH CATEGORY FOR EACH LOCATION TO
BE PERMITTED.

OCEAN AMERICAN SHAD

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCEAN AMERICAN SHAD DEALER PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT ALLOWS THE DIVISION TO MONITOR ATLANTIC OCEAN AMERICAN SHAD
UNDER A QUOTA OR ALLOCATION SCHEME. IT ALLOWS A LICENSED FISH DEALER
TO POSSESS, SELL, OR OFFER FOR SALE PURCHASED AMERICAN SHAD CAUGHT IN
THE ATLANTIC OCEAN FROM LICENSED COMMERCIAL FISHERMEN. FISH DEALERS
HAVING MORE THAN ONE LOCATION MUST BE ISSUED A PERMIT FOR EACH
LOCATION THAT THE DEALER WISHES TO PURCHASE AMERICAN SHAD FROM THE
ATLANTIC OCEAN.
MUST HAVE A DEALER LICENSE WITH FINFISH CATEGORY FOR EACH LOCATION TO
BE PERMITTED.

BLUE CRAB

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BLUE CRAB SHEDDING PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT IS REQUIRED IF A SHEDDING OPERATION POSSESSES MORE THAN
50 CRABS AT ANY TIME. THE OWNER OF THE SHEDDING OPERATION MUST BE THE
HOLDER OF THE PERMIT. PERSONS HAVING MORE THAN ONE SHEDDING LOCATION
MUST BE ISSUED A PERMIT FOR EACH LOCATION.
THERE ARE NO LICENSE REQUIREMENTS FOR THIS PERMIT.

HORSESHOE CRAB BIOMEDICAL USE

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HORSESHOE CRAB PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THIS PERMIT IS REQUIRED FOR THE USE OF HORSESHOE CRABS BY BIOMEDICAL
FACILITIES.

IF THE PERMIT HOLDER IS PURCHASING DIRECTLY FROM FISHERMEN THAT DO NOT
HOLD A FISH DEALER LICENSE OF THEIR OWN, MUST BE A LICENSED FISH
DEALER.

SHRIMP

PURPOSE:

TO MAINTAIN, PRESERVE, PROTECT AND DEVELOP ALL OF NORTH CAROLINA'S
MARINE AND ESTUARINE RESOURCES FOR THE BENEFIT OF THE PEOPLE OF NC.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

MARINE FISHERIES

ADDRESS:

PO BOX 769, 3441 ARENDELL STREET, MOREHEAD CITY, NC 28557

CONTACT:

JANICE FULCHER, AT THE ABOVE ADDRESS

TELEPHONE:

252-726-7021 OR 1-800-682-2632

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TED WAIVER PERMIT

STATUTORY AUTHORITY:

GS 113.169.1

APPLICATION FORM TITLE:

APPLICATION FORM FOR ISSUABLE PERMITS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (ISSUED ON A FISCAL YEAR BASIS)

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

THE PROCLAMATION REQUIRING THIS PERMIT MUST BE ISSUED. THIS PERMIT IS
NEEDED ONLY WHEN TRAWLING FOR SHRIMP IN THE ATLANTIC OCEAN FROM BROWN
INLET TO RICH INLET AND THE VESSEL WILL NOT BE USING A TED. THE PERMIT
IS VALID ONLY WHEN ALLOWED BY PROCLAMATION FROM APRIL 1 THROUGH
NOVEMBER 30. A SCFL OR RSCFL IS REQUIRED.

CONSERVATION TAX CREDIT

PURPOSE:

THE DONATION OF REAL PROPERTY OR INTEREST IN REAL PROPERTY FOR
CONSERVATION PURPOSES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

OFFICE OF CONSERVATION & COMMUNITY AFFAIRS

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1601 MAIL SERVICE CENTER, RALEIGH, NC 27699

CONTACT:

SENIOR CONSERVATION SPECIALIST

TELEPHONE:

919-715-4191

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATION FOR CONSERVATION TAX CREDITS THAT CAN BE CLAIMED AGAINST
CORPORATE AND INDIVIDUAL INCOME TAXES. DONATED PROPERTY MUST SERVE ONE
OR MORE OF THE FOLLOWING PUBLIC CONSERVATION BENEFITS: PUBLIC BEACH
ACCESS, PUBLIC ACCESS TO PUBLIC WATERS OR TRAILS, FISH AND WILDLIFE
CONSERVATION, OR OTHER SIMILAR LAND CONSERVATION PURPOSE.

STATUTORY AUTHORITY:

GS 105-151.12 AND 105-130.34

APPLICATION FORM TITLE:

APPLICATION FOR CONSERVATION TAX CREDIT CERTIFICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DONATIONS MUST BE PERPETUITY. ANY REVERSIONARY INTERESTS MUST
TRANSFER TO ANOTHER QUALIFIED RECIPIENT.

FEES:

NO FEE

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION AND SUPPORTING INFORMATION SHOULD BE RETURNED
FOR REVIEW AND RESPONSE IN ADVANCE OF TAX FILING WITH THE NORTH
CAROLINA DEPARTMENT OF REVENUE. THE DONATION MUST BE MADE TO A
QUALIFIED RECIPIENT, SUCH AS THE STATE, A LOCAL GOVERNMENT, OR A NON-
PROFIT ORGANIZATION INCORPORATED TO RECEIVE AND MANAGE LAND FOR
CONSERVATION PURPOSES. THE CONSERVATION TAX CREDIT CERTIFICATION MUST
ACCOMPANY ANY TAX FILING WITH THE DEPARTMENT OF REVENUE.

STATE LAKES CONSTRUCTION/MODIFICATION

PURPOSE:

REGULATION OF MODIFICATION OR ENLARGEMENT OF STRUCTURES IN AND UPON
STATE LAKES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

PARKS AND RECREATION

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1615 MAIL SERVICE CENTER, RALEIGH, NC 27699-1615

CONTACT:

PARK SUPERINTENDENT FOR EACH PARK OR PARKS AND RECREATION CENTRAL
OFFICE, RALEIGH, NC

TELEPHONE:

919-733-4181

OFFICE HOURS:

9:00 AM - 1:00 PM, MONDAY - FRIDAY (PARKS OPEN 8:00 AM
UNTIL 5:00 PM, 7 DAYS PER WEEK)

LICENSES, PERMITS, OR CERTIFICATES:

STATE LAKES CONSTRUCTION PERMIT/MODIFICATION PERMIT

STATUTORY AUTHORITY:

GS 113-8, 34 & 35 & GS 146-13

APPLICATION FORM TITLE:

APPLICATION FOR MODIFICATION OR AMENDMENT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IN ACCORDANCE WITH REGULATORY REQUIREMENTS

FEES:

INITIAL: \$60.00
RENEWAL: NONE

STATE LAKES CONSTRUCTION/TRANSFER

PURPOSE:

REGULATION OF CONSTRUCTION AND USE OF PIERS AND OTHER STRUCTURES ON
STATE LAKES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

PARKS AND RECREATION

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1615 MAIL SERVICE CENTER, RALEIGH, NC 27699-1615

CONTACT:

PARK SUPERINTENDENT FOR EACH PARK OR PARKS AND RECREATION CENTRAL
OFFICE, RALEIGH, NC

TELEPHONE:

919-733-4181

OFFICE HOURS:

9:00 AM - 1:00 PM, MONDAY - FRIDAY (PARKS OPEN 8:00 AM
UNTIL 5:00 PM, SEVEN DAYS PER WEEK)

LICENSES, PERMITS, OR CERTIFICATES:

STATE LAKES CONSTRUCTION PERMIT/TRANSFER OF PERMIT

STATUTORY AUTHORITY:

GS 113-8, 34, 35 & GS 146-13

APPLICATION FORM TITLE:

APPLICATION FOR TRANSFER OF PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IN ACCORDANCE WITH REGULATORY REQUIREMENTS

FEES:

INITIAL: \$30.00
RENEWAL: NONE

STATE LAKES CONSTRUCTION/INITIAL

PURPOSE:

REGULATION OF CONSTRUCTION ACTIVITY IN AND UPON STATE LAKES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

PARKS AND RECREATION

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604

MAILING ADDRESS: 1615 MAIL SERVICE CENTER, RALEIGH, NC 27699-1615

CONTACT:

PARK SUPERINTENDENT FOR EACH PARK OR PARKS AND RECREATION CENTRAL
OFFICE, RALEIGH, NC

TELEPHONE:

919-733-4181

OFFICE HOURS:

9:00 AM - 1:00 PM, MONDAY - FRIDAY (PARKS OPEN 8:00 AM UNTIL
5:00 PM, SEVEN DAYS PER WEEK)

LICENSES, PERMITS, OR CERTIFICATES:

STATE LAKES CONSTRUCTION PERMIT/INITIAL PERMIT

STATUTORY AUTHORITY:

GS 113-8, 34 & 35 & GS 146-13

APPLICATION FORM TITLE:

APPLICATION FOR INITIAL PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IN ACCORDANCE WITH REGULATORY REQUIREMENTS

FEES:

INITIAL: APPLICATION FEE - \$60.00

RENEWAL: CONTACT AGENCY

STATE LAKES/COMMERCIAL ACTIVITY

PURPOSE:

REGULATION OF COMMERCIAL ACTIVITIES IN OR UPON STATE LAKES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

PARKS AND RECREATION

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604

MAILING ADDRESS: 1615 MAIL SERVICE CENTER, RALEIGH, NC 27699-1615

CONTACT:

PARK SUPERINTENDENT FOR EACH PARK OR PARKS AND RECREATION CENTRAL
OFFICE, RALEIGH, NC

TELEPHONE:

919-733-4181

OFFICE HOURS:

9:00 AM - 1:00 PM, MONDAY - FRIDAY (PARKS OPEN 8:00 AM UNTIL
5:00 PM, 7 DAYS PER WEEK)

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL ACTIVITY PERMIT FOR STATE LAKES COMMERCIAL STRUCTURES

STATUTORY AUTHORITY:

GS 113-35

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR - ANNUAL RENEWAL

FEES:

INITIAL: \$75.00-\$150.00 BASED ON SIZE OF STRUCTURE

RENEWAL: \$75.00-\$150.00 BASED ON SIZE OF STRUCTURE

REQUIREMENTS OTHER THAN FEE:

SPECIAL ACTIVITY PERMIT REQUIRED FOR USE OF METAL DETECTORS IN
FINDING LOST ARTICLES.

STATE PARKS/SPECIAL ACTIVITIES

PURPOSE:

PERMIT FOR SHORT TERM SPECIAL ACTIVITIES IN STATE PARKS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

PARKS AND RECREATION

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604

MAILING ADDRESS: 1615 MAIL SERVICE CENTER, RALEIGH, NC 27699-1615

CONTACT:

PARK SUPERINTENDENT FOR EACH PARK OR PARKS AND RECREATION CENTRAL
OFFICE, RALEIGH, NC

TELEPHONE:

919-733-4181

OFFICE HOURS:

9:00 AM - 1:00 PM, MONDAY - FRIDAY (PARKS OPEN 8:00 AM UNTIL
5:00 PM, 7 DAYS PER WEEK)

LICENSES, PERMITS, OR CERTIFICATES:

RECREATION PERMIT FOR SPECIAL ACTIVITIES

STATUTORY AUTHORITY:

GS 113-35

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PER EVENT

FEES:

INITIAL: \$25.00 ADMINISTRATIVE FEE

RENEWAL: ADDITIONAL FEES AS THEY APPLY (FOR RECOUPING OF
ADDITIONAL COSTS TO THE PARK)

REQUIREMENTS OTHER THAN FEE:

RESTRICTIONS ON DIRECT SALES OF PRODUCTS AND SERVICES

INCINERATION FACILITY

PURPOSE:

INSURE PROPER OPERATION AND PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD, SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, PERMITTING BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 255

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INCINERATION FACILITY PERMIT

STATUTORY AUTHORITY:

GS 130A-294

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE NC SOLID WASTE MANAGEMENT RULES 15A
NCAC 13B, SECTION .0508

SOLID WASTE TRANSFER FACILITY

PURPOSE:

TO PROVIDE REASONABLE PROTECTION TO THE ENVIRONMENT AND THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, PERMITTING BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 255

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SOLID WASTE TRANSFER FACILITY PERMIT

STATUTORY AUTHORITY:

GS 130A-294

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE NC SOLID WASTE MANAGEMENT RULES 15A
NCAC 13B, SECTION .0400

SOLID WASTE TREATMENT AND PROCESSING

PURPOSE:

TO PROVIDE REASONABLE PROTECTION TO THE ENVIRONMENT AND TO THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, PERMITTING BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 255

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SOLID WASTE TREATMENT AND PROCESSING FACILITY PERMIT

STATUTORY AUTHORITY:

GS 130A-294

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE NC SOLID WASTE MANAGEMENT RULES
15A NCAC 13B, SECTION .0300

CONSTRUCTION-DEMOLITION/INDUSTRIAL/SCRAP TIR

PURPOSE:

PROTECTION OF THE ENVIRONMENT AND THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, PERMITTING BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 255

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SANITARY LANDFILL PERMIT

STATUTORY AUTHORITY:

GS 130A-294

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE NC SOLID WASTE MANAGEMENT RULES 15A
NCAC 13B, RULES .0503-.0505

HAZARDOUS WASTE MANAGEMENT/MANAGE

PURPOSE:

PROMOTION AND PRESERVATION OF AN ENVIRONMENT THAT IS CONDUCTIVE TO PUBLIC HEALTH AND WELFARE, AND PREVENTING THE CREATION OF NUISANCES AND THE DEPLETION OF OUR NATURAL RESOURCES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

BUDDY MCCARTY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2178 EXTENSION 301

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A PERMIT FOR FACILITIES TO MANAGE HAZARDOUS WASTE IN ACCORDANCE WITH THE NORTH CAROLINA HAZARDOUS WASTE MANAGEMENT RULES.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 9

APPLICATION FORM TITLE:

HAZARDOUS WASTE MANAGEMENT PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

10 YEARS OR LESS

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

APPLICATION MUST BE MADE IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES, 15A NCAC 13A.

TAX CERTIFICATION/RECYCLING/RECOVERY

PURPOSE:

TO ENCOURAGE RECYCLING AND REUSE OF MATERIALS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JACLYNNE DRUMMOND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692 EXTENSION 270

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TAX CERTIFICATION OF RECYCLING AND RESOURCE RECOVERY EQUIPMENT AND FACILITIES

STATUTORY AUTHORITY:

GS 130A-294

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE STANDARDS FOR SPECIAL TAX TREATMENT OF RECYCLING AND RESOURCE RECOVERY EQUIPMENT AND FACILITIES 15A NCAC 13B.

LAND CLEARING/LANDFILL

PURPOSE:

TO PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, PERMITTING BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 255

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LAND CLEARING AND INERT DEBRIS LANDFILL PERMIT

STATUTORY AUTHORITY:

GS 130A-294

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE NC SOLID WASTE MANAGEMENT RULES 15A NCAC 13B, SECTION .0560 (LANDFILL UNDER 2 ACRES DOES NOT REQUIRE A PERMIT; HOWEVER, A NOTIFICATION FORM MUST BE SUBMITTED AND APPROVED)

SCRAP TIRE DISPOSAL

PURPOSE:

TO INSURE PROPER DISPOSAL AND PROTECT HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 424

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCRAP TIRE DISPOSAL SITE PERMIT

STATUTORY AUTHORITY:

GS 130A-309

APPLICATION FORM TITLE:

SCRAP TIRE CERTIFICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONTACT AGENCY

FEES:

INITIAL: \$25.00 APPLICATION FEE; \$250.00 PERMIT FEE

RENEWAL: \$250.00

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE STANDARDS IN 15A NCAC 13B, SECTION
.1108, .0503, .0504 AND .0505

SCRAP TIRE COLLECTION

PURPOSE:

TO INSURE SITING OF SCRAP TIRE COLLECTION FACILITY WILL BALANCE
WITH THE PROTECTION OF HUMAN HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 424

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCRAP TIRE COLLECTION SITE PERMIT

STATUTORY AUTHORITY:

GS 130A-309

APPLICATION FORM TITLE:

SCRAP TIRE COLLECTION SITE NOTIFICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MAXIMUM 3 YEARS

FEES:

INITIAL: \$25.00 APPLICATION FEE; \$250.00 PERMIT FEE
RENEWAL: \$250.00

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE STANDARDS IN 15A NCAC 13B, SECTION
.1106

SEPTAGE MANAGEMENT FIRM OPERATION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

TED LYON, SUPERVISOR, COMPOSTING AND LAND APPLICATION BRANCH,
AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

STATUTORY AUTHORITY:

GS 130A-291.1

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMIT MUST BE RENEWED ANNUALLY

FEES:

\$300.00 - ONE SEPTAGE PUMPER TRUCK

\$400.00 - TWO OR MORE SEPTAGE PUMPER TRUCKS

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH SEPTAGE MANAGEMENT RULES (15A NCAC 13B, SECTION .0800)

SEPTAGE LAND APPLICATION SITE OPERATION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

TED LYON, SUPERVISOR, COMPOSTING AND LAND APPLICATION BRANCH,
AT ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO OPERATE A SEPTAGE LAND APPLICATION SITE

STATUTORY AUTHORITY:

GS 130A-291.1

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO OPERATE A SEPTAGE LAND APPLICATION SITE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SITE PERMITS MUST BE RENEWED EVERY 1 TO 5 YEARS

FEES:

NO FEE IF OPERATING SITE ONLY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH SEPTAGE MANAGEMENT RULES (15A NCAC 13B, SECTION .0800)

MUNICIPAL SOLID WASTE COMPOSTING FACILITY

PURPOSE:

TO PROVIDE REASONABLE PROTECTION TO THE ENVIRONMENT AND TO THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

TED LYON, SUPERVISOR, COMPOSTING AND LAND APPLICATION BRANCH,
AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SEPTAGE DETENTION OR TREATMENT FACILITY PERMIT

STATUTORY AUTHORITY:

GS 130A-291.1

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 TO 5 YEAR PERMIT

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH SEPTAGE MANAGEMENT RULES
15A NCAC 13B

UNDERGROUND STORAGE TANKS

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT BY NOTIFICATION TO
LOCATE AND EVALUATE UNDERGROUND TANKS THAT STORE OR HAVE STORED
PETROLEUM OR HAZARDOUS SUBSTANCES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1637 MAIL SERVICE CENTER, RALEIGH, NC 27699-1637

CONTACT:

RUTH STRAUSS, BRANCH HEAD, PERMITS AND INSPECTION BRANCH

TELEPHONE:

919-733-1330

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

UNDERGROUND STORAGE TANK FACILITY PERMIT: FOR THE REGISTRATION AND
OPERATION OF UNDERGROUND STORAGE TANKS USED TO CONTAIN AN ACCUMULATION
OF REGULATED SUBSTANCES AND WHOSE VOLUME (INCLUDING CONNECTED
UNDERGROUND PIPING) IS 10% OR MORE BENEATH THE GROUND

STATUTORY AUTHORITY:

GS 143-215.94U

APPLICATION FORM TITLE:

UST OPERATING PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$300.00 PER YEAR FOR EACH COMMERCIAL UST WITH CAPACITY GREATER THAN
3,500 GALLONS
\$200.00 PER YEAR FOR EACH COMMERCIAL UST WITH CAPACITY OF LESS THAN
3,500 GALLONS

REQUIREMENTS OTHER THAN FEE:

REGISTRATION OF COMMERCIAL UST'S.
PAYMENT OF ANNUAL TANK OPERATING FEES.
COMPLIANCE WITH APPLICABLE LEAK DETECTION & VAPOR CONTROL REQUIREMENTS.

YARD WASTE COMPOSTING NOTIFICATION

PURPOSE:

TO PROVIDE REASONABLE PROTECTION TO THE ENVIRONMENT AND TO THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

TED LYON, SUPERVISOR, COMPOSTING AND LAND APPLICATION BRANCH,
AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

YARD WASTE NOTIFICATION

STATUTORY AUTHORITY:

GS 130A - 291.1

APPLICATION FORM TITLE:

YARD WASTE NOTIFICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

SOLID WASTE MANAGEMENT RULES

SEPTAGE DETENTION FACILITY

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

TED LYON, SUPERVISOR, COMPOSTING AND LAND APPLICATION BRANCH,
AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO OPERATE A SEPTAGE DETENTION FACILITY

STATUTORY AUTHORITY:

GS 130A-291.1

APPLICATION FORM TITLE:

APPLICATION FOR A PERMIT TO OPERATE A SEPTAGE DETENTION FACILITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

FACILITY PERMIT MUST BE RENEWED EVERY 1 TO 5 YEARS

FEES:

NO FEE IF OPERATING FACILITY ONLY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH SEPTAGE MANAGEMENT RULES (15A NCAC 13B, SECTION .0800)

MUNICIPAL SOLID WASTE LANDFILLS

PURPOSE:

PROTECTION OF THE ENVIRONMENT AND THE PUBLIC HEALTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605

MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM BARBER, PERMITTING BRANCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0692, EXTENSION 255

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SANITARY LANDFILL PERMIT

STATUTORY AUTHORITY:

GS 130A-294

APPLICATION FORM TITLE:

LANDFILL PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

APPLICATION IN ACCORDANCE WITH THE NC SOLID WASTE MANAGEMENT RULES
15A NCAC 13B, SECTION .1600

HAZARDOUS WASTE MANAGEMENT/MONITOR

PURPOSE:

PROMOTION AND PRESERVATION OF AN ENVIRONMENT THAT IS CONDUCTIVE TO PUBLIC HEALTH AND WELFARE, AND PREVENTING THE CREATION OF NUISANCES AND DEPLETION OF OUR NATURAL RESOURCES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

BUDDY MCCARTY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2178 EXTENSION 301

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A PERMIT TO MONITOR OR REMEDIATE CONTAMINATION RESULTING FROM PAST HAZARDOUS WASTE DISPOSAL PRACTICES IN ACCORDANCE WITH NORTH CAROLINA HAZARDOUS WASTE MANAGEMENT RULES.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 9

APPLICATION FORM TITLE:

HAZARDOUS WASTE POST CLOSURE PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

10 YEARS OR LESS

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

APPLICATION MUST BE MADE IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES, 15A NCAC 13A.

HAZARDOUS WASTE MANAGEMENT/RESEARCH

PURPOSE:

PROMOTION AND PRESERVATION OF AN ENVIRONMENT THAT IS CONDUCIVE TO PUBLIC HEALTH AND WELFARE, AND PREVENTING THE CREATION OF NUISANCES AND DEPLETION OF OUR NATURAL RESOURCES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

BUDDY MCCARTY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2178 EXTENSION 301

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A PERMIT FOR THE RESEARCH, DEVELOPMENT AND DEMONSTRATION OF NEW HAZARDOUS WASTE MANAGEMENT TECHNIQUES IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 9

APPLICATION FORM TITLE:

HAZARDOUS WASTE RESEARCH DEVELOPMENT AND DEMONSTRATION PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

365 OPERATING DAYS

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

APPLICATION MUST BE MADE IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES, 15A NCAC 13A.

HAZARDOUS WASTE MANAGEMENT/EMERGENCY

PURPOSE:

PROMOTION AND PRESERVATION OF AN ENVIRONMENT THAT IS CONDUCTIVE TO PUBLIC HEALTH AND WELFARE, AND PREVENTING THE CREATION OF NUISANCES AND DEPLETION OF OUR NATURAL RESOURCES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

KATHERINE O'NEAL, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2178 EXTENSION 227

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A PERMIT FOR THE COLLECTION AND MANAGEMENT OF HAZARDOUS WASTE UNDER URGENT OR EMERGENCY SITUATIONS, TO FACILITATE THE PROTECTION AND SAFEGUARDING OF PUBLIC HEALTH AND THE ENVIRONMENT IN ACCORDANCE WITH NC HAZARDOUS WASTE MANAGEMENT RULES.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 9

APPLICATION FORM TITLE:

HAZARDOUS WASTE EMERGENCY PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IN ACCORDANCE WITH PERMIT REQUIREMENTS

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

APPLICATION MUST BE MADE IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES, 15A NCAC 13A.

HAZARDOUS WASTE GENERATOR ID NUMBER

PURPOSE:

PROMOTION AND PRESERVATION OF AN ENVIRONMENT THAT IS CONDUCIVE TO PUBLIC HEALTH AND WELFARE, AND PREVENTING THE CREATION OF NUISANCES AND DEPLETION OF OUR NATURAL RESOURCES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2178 EXTENSION 209

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HAZARDOUS WASTE GENERATORS ARE REQUIRED TO OBTAIN AN EPA IDENTIFICATION NUMBER FROM THE STATE. THIS NUMBER IS SITE SPECIFIC.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 9

APPLICATION FORM TITLE:

HAZARDOUS WASTE GENERATOR EPA IDENTIFICATION NUMBER (EPA FORM 8700-12)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IN ACCORDANCE WITH REGISTRATION REQUIREMENTS

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

APPLICATION MUST BE MADE IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES, 15A NCAC 13A.

HAZARDOUS WASTE TRANSPORTER ID NUMBER

PURPOSE:

PROMOTION AND PRESERVATION OF AN ENVIRONMENT THAT IS CONDUCTIVE TO PUBLIC HEALTH AND WELFARE, AND PREVENTING THE CREATION OF NUISANCES AND DEPLETION OF OUR NATURAL RESOURCES.

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WASTE MANAGEMENT

ADDRESS:

401 OBERLIN RD., SUITE 150, RALEIGH, NC 27605
MAILING ADDRESS: 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

CONTACT:

JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2178 EXTENSION 209

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TRANSPORT OF HAZARDOUS WASTE REQUIRES AN EPA IDENTIFICATION NUMBER, WHICH CAN BE OBTAINED FROM THE STATE. THIS NUMBER IS OPERATOR SPECIFIC.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 9

APPLICATION FORM TITLE:

HAZARDOUS WASTE TRANSPORTER EPA IDENTIFICATION NUMBER (EPA FORM 8700-12)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

IN ACCORDANCE WITH REGISTRATION REQUIREMENTS

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

APPLICATION MUST BE MADE IN ACCORDANCE WITH THE NC HAZARDOUS WASTE MANAGEMENT RULES, 15A NCAC 13A.

PUMP INSTALLATION CONTRACTORS

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

MICHAEL NEBRECENY, GROUNDWATER SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3221

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUMP INSTALLER REGISTRATION FOR INSTALLATION OF PUMPS AND PUMP
EQUIPMENT IN WELLS

STATUTORY AUTHORITY:

GS 87, ARTICLE 7

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF PUMP INSTALLATION CONTRACTOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

REGISTRATION MUST BE RENEWED EVERY ODD-NUMBERED YEAR, REGISTRATION
BETWEEN APRIL 1 AND APRIL 30

FEES:

INITIAL: NONE

RENEWAL: NONE

WELL DRILLING CONTRACTORS

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

MIKE CUNNINGHAM, GROUNDWATER SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-715-6698

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WELL DRILLER CERTIFICATION

STATUTORY AUTHORITY:

GS 87, ARTICLE 7; GS 143, ARTICLE 38

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION OF WELL DRILLING CONTRACTOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$200.00

EXAM: \$50.00

RENEWAL: \$200.00

POLLUTION ABATEMENT EQUIPMENT/SOIL

PURPOSE:

TO PROVIDE INCENTIVE AND ENCOURAGEMENT FOR THE USE OF POLLUTION
ABATEMENT EQUIPMENT IN THE PROTECTION OF HUMAN HEALTH AND THE
ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

ARTHUR MOUBERRY, GROUNDWATER SECTION CHIEF, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3221

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A WATER QUALITY OR WASTE MANAGEMENT TAX CERTIFICATION OF
POLLUTION ABATEMENT EQUIPMENT RELATED TO CONTAMINATED SOIL REMEDIATION,
FOR USE IN RECEIVING TAX CREDIT ON POLLUTION ABATEMENT EQUIPMENT

STATUTORY AUTHORITY:

GS 105, ARTICLES 3, 4, AND 12

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME DOCUMENT

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

VERIFICATION THAT FACILITY IS CONSTRUCTED, COMPLIES WITH THE REQUIRE-
MENTS OF THE COMMISSION, AND THAT ITS PRIMARY PURPOSE IS THAT OF
POLLUTION CONTROL.

401 WATER QUALITY CERTIFICATION

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

2321 CRABTREE BLVD., RALEIGH NC 27604

MAILING ADDRESS: 1650 MAIL SERVICE CENTER, RALEIGH, NC 27699-1650

CONTACT:

JOHN DORNEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-1786

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

401 WATER QUALITY CERTIFICATION

NEUSE AND TAR-PAMLICO BUFFER RULE APPROVAL

ISOLATED WETLAND PERMIT

STATUTORY AUTHORITY:

GS 143, ARTICLE 21, PART 1, AND SECTION 401, CLEAN WATER ACT

APPLICATION FORM TITLE:

APPLICATIONS FOR PERMIT TO DREDGE AND FILL WATER OR WETLANDS OR REQUIRE
QUALITY CERTIFICATION

APPLICATIONS FOR PERMIT TO DREDGE/FILL IN ISOLATED WATERS OR WETLANDS

APPLICATIONS FOR IMPACTS TO RIPARIAN BUFFER IN NEUSE AND TAR-PAMLICO
RIVER BASIN

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

USUALLY FIVE YEARS OR LIFE OF PERMIT

FEES:

INITIAL: \$200.00 IF LESS THAN ONE ACRE OR 150 FEET; \$475.00 IF ABOVE
THRESHOLDS

RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

POSSIBLE PUBLIC NOTICE REQUIREMENT OF NOT LESS THAN 15 DAYS

SOIL REMEDIATION/SOILS CONTAMINATED

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

DEBRA WATTS, GROUNDWATER SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-715-6160

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REMEDIATION OF SOIL CONTAMINATED BY PETROLEUM PRODUCTS

STATUTORY AUTHORITY:

GS 143, ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION FOR CONTAMINATED SOILS REMEDIATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AS DEEMED APPROPRIATE BY THE DIRECTOR/ENVIRONMENTAL MANAGEMENT

FEES:

INITIAL: \$400.00

RENEWAL: \$200.00

ANNUAL ADMINISTERING AND COMPLIANCE MONITORING FEE \$0 - \$300.00

POSSIBLE ENVIRONMENTAL DOCUMENT OF PUBLIC FUNDS INVOLVED

INJECTION WELL CONSTRUCTION/USE

PURPOSE:

TO ENSURE THE PROPER CONSTRUCTION OF INJECTION WELLS FOR THE
PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

EVAN KANE, GROUNDWATER SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3221

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INJECTION WELL CONSTRUCTION/USE PERMIT TO ENSURE STATE STANDARDS
FOR INJECTION WELL CONSTRUCTION ARE MAINTAINED

STATUTORY AUTHORITY:

GS 87, ARTICLE 7; GS 143, ARTICLE 21

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO CONSTRUCT AND/OR USE A WELL FOR INJECTION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONSTRUCTION - DURATION OF CONSTRUCTION; OPERATION AND USE
AS DETERMINED BY THE DIRECTOR, BUT NOT TO EXCEED THE LONGEST OF
THE FOLLOWING: 5 YEARS OR THE DURATION OF THE INJECTION

FEES:

INITIAL: NONE
RENEWAL: NONE

WELL CONSTRUCTION

PURPOSE:

TO ENSURE THE PROPER CONSTRUCTION OF WELLS FOR THE PROTECTION
OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604
MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

DEBRA WATTS, GROUNDWATER SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-715-6160

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A WELL CONSTRUCTION PERMIT TO ENSURE MINIMUM STATE STANDARDS
FOR WELL CONSTRUCTION ARE MAINTAINED

STATUTORY AUTHORITY:

GS 87, ARTICLE 7; GS 143, ARTICLE 21

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO CONSTRUCT A WATER SUPPLY WELL/A
MONITOR WELL/A RECOVERY WELL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DURATION OF WELL CONSTRUCTION

FEES:

INITIAL: NONE

RENEWAL: NONE

INDUSTRIAL WASTEWATER PRETREATMENT

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, AS WELL AS THE PROTECTION OF SEWER COLLECTION AND WASTEWATER FACILITIES FROM DETRIMENTAL EFFECTS OF CERTAIN KINDS OF INDUSTRIAL WASTEWATER

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

WQ SECTION, POINT SOURCE BRANCH, 1617 MAIL SERVICE CENTER, RALEIGH,
NC 27699-1617

CONTACT:

DEBORAH GORE

TELEPHONE:

919-733-5083, EXTENSION 593

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INDUSTRIAL USER PRETREATMENT PERMIT (IUP) REQUIRING SPECIFIC INDUSTRIAL USERS TO PRETREAT THEIR INDUSTRIAL WASTEWATER PRIOR TO ALLOWING IT INTO THE SEWER LINES

STATUTORY AUTHORITY:

GS 143, ARTICLE 21, PART 1

APPLICATION FORM TITLE:

INDUSTRIAL USER WASTEWATER SURVEY & PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$400.00

RENEWAL: BETWEEN \$200.00 AND \$400.00, DEPENDING ON SIZE

(FEES ARE PAYABLE TO DWQ ONLY IF DWQ IS THE PERMIT ISSUING AUTHORITY)

ANNUAL ADMIN. BETWEEN \$300.00 - \$1,500.00

REQUIREMENTS OTHER THAN FEE:

AUTHORITY TO ISSUE PERMIT DELEGATED TO MUNICIPALITIES UNDER DWQ APPROVAL PROCESS; HOWEVER, IF MUNICIPALITY DOES NOT HAVE DWQ APPROVAL, THE STATE WILL ISSUE PERMIT

WATER POLLUTION CONTROL SYSTEM OPERATOR

PURPOSE:

TO INSURE THAT ALL WATER POLLUTION CONTROL SYSTEMS HAVE OPERATORS
THAT ARE PROPERLY TRAINED AND HAVE APPROPRIATE EXPERIENCE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

219 E. NORTH ST., RALEIGH, NC 27626-0535

MAILING ADDRESS: 1618 MAIL SERVICE CENTER, RALEIGH, NC 27699-1618

CONTACT:

HOPE A. WALTERS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0026

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OPERATOR CERTIFICATION FOR WASTEWATER GRADE I-IV, COLLECTIONS GRADE
I-IV, SPRAY, SUBSURFACE AND LAND APPLICATION OF RESIDUALS, PHYSICAL
CHEMICAL GRADE I-II, ANIMAL TYPE A, ANIMAL TYPE B

STATUTORY AUTHORITY:

GS 90A, ARTICLE 3

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

TO REMAIN ACTIVE AN ANNUAL FEE MUST BE PAID AND REQUIRED CONTINUING
EDUCATION HOURS COMPLETED. (6 HOURS PER YEAR NON ANIMAL, 6 HOURS EVERY
THREE YEARS FOR ANIMALS)

FEES:

INITIAL: VARIED, PLEASE CALL CONTACT

RENEWAL: \$35.00 NON ANIMAL; \$10.00 ANIMAL

REQUIREMENTS OTHER THAN FEE:

OPERATOR IS RESPONSIBLE FOR PROPER DAY TO DAY OPERATION OF THE
WATER POLLUTION CONTROL SYSTEM

POLLUTION ABATEMENT EQUIPMENT/WASTEWATER

PURPOSE:

TO PROVIDE INCENTIVES AND ENCOURAGEMENT FOR THE USE OF POLLUTION
ABATEMENT EQUIPMENT IN THE PROTECTION OF HUMAN HEALTH AND THE
ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

LOCAL DIVISION OF WATER QUALITY REGIONAL OFFICE, OR WATER QUALITY
CONTROL OFFICE

TELEPHONE:

919-733-7015

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WATER QUALITY TAX CERTIFICATION OF POLLUTION ABATEMENT EQUIPMENT FOR
USE IN RECEIVING TAX CREDIT ON POLLUTION ABATEMENT EQUIPMENT

STATUTORY AUTHORITY:

GS 105, ARTICLES 3, 4 AND 12

APPLICATION FORM TITLE:

N/A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE TIME DOCUMENT

FEES:

INITIAL: NONE
RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

VERIFICATION THAT FACILITY IS CONSTRUCTED, COMPLIES WITH THE REQUIRE-
MENTS OF THE COMMISSION, AND THAT ITS PRIMARY PURPOSE IS THAT OF
POLLUTION CONTROL

OIL TERMINAL FACILITIES

PURPOSE:

REGISTRATION OF BULK OIL TERMINAL FACILITIES/REGULATORY REQUIREMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

PARKER-LINCOLN BUILDING, 2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1636 MAIL SERVICE CENTER, RALEIGH, NC 27699-1636

CONTACT:

ARTHUR MOUBERRY, GROUNDWATER SECTION CHIEF, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3221

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 143-215.100

APPLICATION FORM TITLE:

REGISTRATION APPLICATION

OIL TERMINAL FACILITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DURATION OF ACTIVITY AS CONDITIONED BY CERTIFICATE

FEES:

INITIAL: NONE

RENEWAL: NONE

REQUIREMENTS OTHER THAN FEE:

MUST SUBMIT A SPILL PREVENTION AND COUNTERMEASURES PLAN

WASTEWATER/GROUNDWATER LABORATORY

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT BY ENSURING CONSISTENT
AND RELIABLE LABORATORY REPORTING OF ANALYTICAL RESULTS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

4405 REEDY CREEK RD., RALEIGH, NC 27607-6645

MAILING ADDRESS: 1623 MAIL SERVICE CENTER, RALEIGH, NC 27699-1623

CONTACT:

JAMES W. MEYER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3908 EXTENSION 207

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ENVIRONMENTAL ANALYTICAL LABORATORY CERTIFICATION

ALL LABORATORIES MAKING ANALYTICAL REPORTS TO STATE AGENCIES MUST BE
CERTIFIED FOR THE SPECIFIC PARAMETERS BEING REPORTED

STATUTORY AUTHORITY:

GS 143-215.3(A) (1); GS 143-215.3(A) (10)

APPLICATION FORM TITLE:

APPLICATION FOR INITIAL ENVIRONMENTAL LABORATORY CERTIFICATION

APPLICATION FOR FIELD PARAMETER ENVIRONMENTAL LABORATORY CERTIFICATION

AMENDMENT TO ENVIRONMENTAL LABORATORY CERTIFICATION APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

ENVIRONMENTAL LABORATORY: ANNUAL FEE OF \$50.00 FOR EACH INORGANIC
PARAMETER PLUS \$100.00 FOR EACH METAL AND ORGANIC PARAMETER; A MINIMUM
FEE OF \$1,350.00 PER YEAR FOR MUNICIPAL AND INDUSTRIAL ANALYTICAL
LABORATORIES AND \$2,700.00 PER YEAR FOR COMMERCIAL ANALYTICAL
LABORATORIES

FIELD PARAMETER LABORATORY: ANNUAL FEE OF \$100.00 FOR MUNICIPAL AND
INDUSTRIAL FIELD LABORATORIES AND \$200.00 FOR COMMERCIAL FIELD
LABORATORIES

APPLICATION FEE: \$300.00

ADDITIONAL: A FEE OF \$200.00 FOR EACH DECERTIFIED PARAMETER TO OBTAIN

WASTEWATER/GROUNDWATER LABORATORY

(CONTINUED)

RECERTIFICATION FOR THE PARAMETER. FEE OF \$250.00 FOR LATE PAYMENT OF ANNUAL FEE, DUE ON DECEMBER 31 OF EACH YEAR;
FEE OF \$50.00 FOR EACH INORGANIC AND \$100.00 FOR EACH METAL AND ORGANIC ADDITION MADE TO A CERTIFICATE FOR ADMINISTERING COSTS

REQUIREMENTS OTHER THAN FEE:

POSSIBLE PUBLIC NOTICE REQUIREMENT OF NOT LESS THAN 30 DAYS

SURFACE WATER SUPPLY WATERSHED PROTECTION

PURPOSE:

PROTECTION OF THE PUBLIC HEALTH AND ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

LOCAL GOVERNMENT OR DIVISION OF WATER QUALITY LOCAL GOVERNMENT
ASSISTANCE UNIT - STEVE ZOUFALY

TELEPHONE:

919-733-5083, EXTENSION 566

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

A COOPERATIVE PROGRAM OF WATER SUPPLY WATERSHED MANAGEMENT AND PROTECTION, ADMINISTERED BY LOCAL GOVERNMENT, CONSISTENT WITH MINIMUM STATEWIDE MANAGEMENT REQUIREMENTS AS ESTABLISHED BY THE ENVIRONMENTAL MANAGEMENT COMMISSION (EMC). REGIONAL OFFICES CAN BE INVOLVED WITH CERTIFICATION OF BUFFER AND DEVELOPMENT REQUIREMENTS FOR STORMWATER RUNOFF PROTECTION OF SURFACE WATER SUPPLIES. BUILDING PERMITS ARE ISSUED BY LOCAL GOVERNMENTS.

STATUTORY AUTHORITY:

GS 143-214.5, 214.6 AND 215.2

APPLICATION FORM TITLE:

NO APPLICATION FORM. AFTER A WATERSHED IS RECLASSIFIED LOCAL GOVERNMENTS MUST ADOPT APPROPRIATE PROTECTION ORDINANCES.

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERMANENT

FEEES:

NO FEE

REQUIREMENTS OTHER THAN FEE:

LOCAL GOVERNMENT HAVING JURISDICTION WITHIN THE WATER SUPPLY WATERSHED
MUST MAINTAIN LAND USE MANAGEMENT PLANS AND ORDINANCES TO ADDRESS THE
MANAGEMENT AND PROTECTION OF SURFACE WATER SUPPLY WATERSHEDS.
LOCAL GOVERNMENT MAY ADOPT MORE STRINGENT ORDINANCES TO ADDRESS LOCAL
NEEDS.

NPDES STORMWATER

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT THROUGH EFFECTIVE
CONTROL OF POLLUTANTS THAT ARE CARRIED BY STORMWATERS INTO THE
WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

STORMWATER AND GENERAL PERMITS UNIT

TELEPHONE:

919-733-5083

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES):
INDIVIDUAL STORMWATER PERMIT: PROHIBITS DISCHARGES OF ANY POLLUTANT
TO U. S. WATERS FROM CERTAIN POINT SOURCE STORMWATER DISCHARGES, UNLESS
AUTHORIZED BY A PERMIT.
GENERAL STORMWATER PERMIT: A STORMWATER PERMIT ISSUED FOR CERTAIN
STATEWIDE ACTIVITIES (APPLICANTS ARE ISSUED A CERTIFICATE OF COVERAGE)

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1

APPLICATION FORM TITLE:

INDIVIDUAL STORMWATER PERMIT FORM
GENERAL STORMWATER PERMIT FORMS: VARY ACCORDING TO THE SPECIFIC
INDIVIDUAL STORMWATER PERMIT ISSUED FOR THE STATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDIVIDUAL AND GENERAL NPDES PERMITS-NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$80.00 (GENERAL) \$715.00 (INDIVIDUAL)
ANNUAL ADMINISTERING AND COMPLIANCE MONITORING FEE FOR INDIVIDUAL
PERMITS: \$80.00 (GENERAL) \$715.00 (INDIVIDUAL)

REQUIREMENTS OTHER THAN FEE:

PUBLIC NOTICE REQUIREMENT OF 45 DAYS
POSSIBLE REQUIREMENTS FOR ENVIRONMENTAL DOCUMENT, UNDER THE

NPDES STORMWATER

(CONTINUED)

NORTH CAROLINA ENVIRONMENTAL POLICY ACT, FOR PROJECTS INVOLVING
PUBLIC FUNDS

WASTEWATER SEWER COLLECTION

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL TO AREAS OTHER THAN THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

MARIE DOKLOVIC, LOCAL GOVERNMENT ASSISTANCE UNIT

TELEPHONE:

919-733-5083, EXTENSION 371

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE PERMIT FOR WASTEWATER COLLECTION AND CONVEYANCE BY SEWER. SEWER COLLECTION SYSTEMS INCLUDE GRAVITY SEWERS, FORCE MAIN WITH PUMPING (LIFT) STATIONS, PRESSURE SEWERS, SEPTIC TANK EFFLUENT PUMP (STEP) SEWERS, VACUUM SEWERS, AND SIPHONS.

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION: WASTEWATER SEWER COLLECTION PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AS DEEMED APPROPRIATE BY THE DIVISION DIRECTOR, TYPICALLY SEWER PERMITS ARE ISSUED AS "UNTIL RESCINDED"

FEES:

INITIAL: \$200.00 - \$400.00

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NC ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC FUNDS. WASTEWATER SEWER COLLECTION PERMITS ARE ISSUED FOR CONSTRUCTION AND OPERATION OF THE COLLECTION SYSTEM SPECIFIED IN THE PERMIT. PRIOR TO OPERATION, A PROFESSIONAL ENGINEER MUST CERTIFY TO THE PERMITTING AGENCY THAT THE SEWER SYSTEM HAS BEEN CONSTRUCTED IN

WASTEWATER SEWER COLLECTION

(CONTINUED)

ACCORDANCE WITH THE PERMIT, APPLICABLE REGULATIONS, AND MINIMUM
STATE STANDARDS.

WASTEWATER TREATMENT AND DISPOSAL TO LAND

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL NOT DISCHARGING TO THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY STREET, RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NON-DISCHARGE PERMITS AND ENGINEERING UNIT - SUE HOMEWOOD

TELEPHONE:

919-733-5083, EXTENSION 502

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A STATE PERMIT FOR WASTEWATER TREATMENT SYSTEMS THAT DISPOSE OF TREATED WASTEWATER TO THE LAND SURFACE. WASTEWATER LAND APPLICATION SYSTEMS CAN INCLUDE SPRAY IRRIGATION, DRIP IRRIGATION OR OTHER APPROPRIATE TECHNOLOGY.

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION: SPRAY IRRIGATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED FIVE YEARS

FEES:

INITIAL: \$200.00 - \$400.00
RENEWAL: \$120.00 - \$300.00
ANNUAL ADMINISTERING & COMPLIANCE MONITORING FEE: \$225.00 - \$1,500.00

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NC ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC FUNDS. PRIOR TO OPERATION, A PROFESSIONAL ENGINEER MUST CERTIFY TO THE PERMITTING AGENCY THAT THE PERMITTED FACILITY HAS BEEN CONSTRUCTED IN ACCORDANCE WITH THE PERMIT, APPLICABLE REGULATIONS, AND MINIMUM STATE STANDARDS.

LIQUID ANIMAL WASTE OPERATION PERMIT

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604

MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NON-DISCHARGE PERMITTING UNIT - ANIMAL WASTE GROUP - SUE HOMEWOOD

TELEPHONE:

919-733-5083, EXTENSION 502

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INDIVIDUAL PERMIT - LIQUID ANIMAL WASTE OPERATIONS: TREATMENT AND DISPOSAL OF LIQUID ANIMAL WASTE, NO DISCHARGES ARE ALLOWED TO GROUNDWATER OR SURFACE WATER

GENERAL PERMIT - LIQUID ANIMAL WASTE OPERATIONS: APPLICANTS ARE ISSUED A CERTIFICATE OF COVERAGE UNDER THE GENERAL STATEWIDE ANIMAL WASTE PERMIT

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

INDIVIDUAL PERMIT - LIQUID ANIMAL WASTE OPERATION

GENERAL PERMIT - LIQUID ANIMAL WASTE OPERATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT GREATER THAN 5 YEARS

(PERMITS CURRENTLY ISSUED WITH EXPIRATION DATE OF DECEMBER 31, 2001)

FEES:

ANNUAL FEE: \$50.00 - \$200.00

STATE STORMWATER

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT BY EFFECTIVE CONTROL OF STORMWATER RUNOFF, TO PREVENT POLLUTANTS FROM BEING CARRIED INTO THE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

STORMWATER AND GENERAL PERMITS UNIT (STATE PERMIT IS ISSUED THROUGH DIVISION OF WATER QUALITY REGIONAL OFFICES)

TELEPHONE:

919-733-5083 (OR APPROPRIATE REGIONAL OFFICE NUMBER)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INDIVIDUAL STATE STORMWATER PERMIT: APPLIES TO NEW DEVELOPMENTS AND OTHER CONSTRUCTION ACTIVITIES THAT MAY RESULT IN STORMWATER DRAINAGE INTO CERTAIN SENSITIVE WATERS

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1

APPLICATION FORM TITLE:

INDIVIDUAL STORMWATER PERMIT FORM
GENERAL STORMWATER PERMIT FORMS: VARY ACCORDING TO THE SPECIFIC
INDIVIDUAL STORMWATER PERMIT ISSUED FOR THE STATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDIVIDUAL STATE STORMWATER PERMIT:
PROJECTS WITH ENGINEERED STRUCTURES NOT TO EXCEED 10 YEARS
PROJECTS WITHOUT ENGINEERED STRUCTURES DO NOT REQUIRE RENEWAL
GENERAL STATE STORMWATER PERMIT - NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$420.00
NO ANNUAL ADMINISTERING AND COMPLIANCE MONITORING FEE

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR ENVIRONMENTAL DOCUMENT, UNDER THE
NORTH CAROLINA ENVIRONMENTAL POLICY ACT, FOR PROJECTS INVOLVING

STATE STORMWATER
(CONTINUED)
PUBLIC FUNDS

WASTEWATER TREATMENT AND RECYCLE/REUSE

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE
CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL NOT
DISCHARGING TO THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NON-DISCHARGE PERMITS AND ENGINEERING UNIT - SUE HOMEWOOD

TELEPHONE:

919-733-5083, EXTENSION 502

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE PERMIT FOR WASTEWATER TREATMENT SYSTEMS FOR HIGHLY TREATED
WASTEWATER TO BE RECYCLED FOR THE SAME USE OR REUSED FOR OTHER
PURPOSES (COOLING WATER, BOILER BLOWDOWN, FIRE FIGHTING, ETC.), BUT NOT
FOR HUMAN CONSUMPTION OR IRRIGATION OF DIRECT FOOD CHAIN CROPS

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION: RECYCLE
NON-DISCHARGE PERMIT APPLICATION: REUSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED FIVE YEARS

FEES:

INITIAL: \$200.00 - \$400.00
RENEWAL: \$120.00 - \$300.00
ANNUAL ADMINISTERING & COMPLIANCE MONITORING FEE: \$225.00 - \$1,500.00

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NC
ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC FUNDS.
PRIOR TO OPERATION, A PROFESSIONAL ENGINEER MUST CERTIFY TO THE
PERMITTING AGENCY THAT THE PERMITTED FACILITY HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH THE PERMIT, APPLICABLE REGULATIONS, AND MINIMUM STATE

WASTEWATER TREATMENT AND RECYCLE/REUSE
(CONTINUED)
STANDARDS.

WASTEWATER TREATMENT AND RESIDUALS DISPOSAL

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE
CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL NOT
DISCHARGING TO THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NON-DISCHARGE PERMITS AND ENGINEERING UNIT - SHANNON THORNBURG

TELEPHONE:

919-733-5083, EXTENSION 353

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A STATE PERMIT FOR LAND APPLICATION OF WASTEWATER TREATMENT
FACILITY RESIDUAL SOLIDS (SLUDGE) TO SPECIFICALLY PERMITTED LAND
APPLICATION SITES OR FOR BENEFICIAL USE BY THE PUBLIC IF MORE
STRINGENT TREATMENT LIMITS ARE MET

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION:
LAND APPLICATION OF RESIDUAL SOLIDS FOR FACILITIES REGULATED UNDER
40 CFR PART 503
LAND APPLICATION OF RESIDUAL SOLIDS FROM FACILITIES EXEMPT FROM 40 CFR
PART 503
DISTRIBUTION OF RESIDUAL SOLIDS FROM FACILITIES REGULATED UNDER 40 CFR
PART 503
DISTRIBUTION OF RESIDUAL SOLIDS FROM FACILITIES EXEMPT FROM 40 CFR
PART 503

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$200.00 - \$400.00
RENEWAL: \$120.00 - \$300.00

WASTEWATER TREATMENT AND RESIDUALS DISPOSAL

(CONTINUED)

ANNUAL ADMINISTERING AND COMPLIANCE MONITORING FEE \$225.00 - \$1,500.00

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NORTH CAROLINA ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC FUNDS

RESIDUAL SOLIDS MUST MEET FEDERAL PATHOGEN AND VECTOR REDUCTION REQUIREMENTS UNDER 40 CFR PART 503 (DOMESTIC) OR 40 CFR PART 257 (INDUSTRIAL)

WASTEWATER TREATMENT AND MECHANICAL SYSTEMS

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE
CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL NOT
DISCHARGING TO THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NON-DISCHARGE PERMITS AND ENGINEERING UNIT - SUE HOMEWOOD

TELEPHONE:

919-733-5083, EXTENSION 502

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A STATE PERMIT FOR WASTEWATER TREATMENT FACILITIES THAT ARE
WASTEWATER CLOSED-LOOP RECYCLE SYSTEMS, WASTEWATER EVAPORATION
SYSTEMS AND INFILTRATION TYPE SYSTEMS

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION: MECHANICAL SYSTEMS FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$200.00 - \$400.00
RENEWAL: \$120.00 - \$300.00
ANNUAL ADMINISTERING AND COMPLIANCE MONITORING FEE: \$225.00 - \$1,500.00

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NORTH
CAROLINA ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC
FUNDS

GROUNDWATER TREATMENT AND DISPOSAL

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE
CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL NOT
DISCHARGING TO THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NON-DISCHARGE PERMITS AND ENGINEERING UNIT - SUE HOMEWOOD

TELEPHONE:

919-733-5083 EXTENSION 502

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A STATE PERMIT FOR GROUNDWATER REMEDIATION SYSTEMS THAT DO NOT
DISCHARGE TO SURFACE WATERS. GROUNDWATER REMEDIATION SYSTEMS TYPICALLY
REINJECT THE TREATED WATER BACK UNDERGROUND BY INJECTION WELL OR
INFILTRATION GALLERY

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3(A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION: MECHANICAL SYSTEMS FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

INITIAL: \$200.00 - \$400.00
RENEWAL: \$120.00 - \$300.00
ANNUAL ADMINISTERING AND COMPLIANCE MONITORING FEE: \$225.00 - \$1,500.00

REQUIREMENTS OTHER THAN FEE:

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NORTH
CAROLINA ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC
FUNDS

NPDES WASTEWATER TREATMENT AND DISPOSAL

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE CONTROL AND MANAGEMENT OF WASTEWATER DISCHARGES INTO THE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALSIBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

NPDES PERMITS UNIT - CHRISTE JACKSON OR CHARLES WEAVER

TELEPHONE:

919-733-5083, EXTENSION 538 OR EXTENSION 511

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES):
INDIVIDUAL PERMIT IS REQUIRED WHENEVER WASTEWATER IS DISCHARGED TO THE SURFACE WATERS OF THE STATE
GENERAL PERMIT: AN INDIVIDUAL PERMIT ISSUED FOR A SPECIFIC STATEWIDE ACTIVITY (PERMITTEES ARE ISSUED A CERTIFICATE OF COVERAGE)
AUTHORIZATION TO CONSTRUCT: THE PERMITTED FACILITY MUST OBTAIN AN AUTHORIZATION TO CONSTRUCT (ATC), FROM THE NPDES UNIT, PRIOR TO INITIATING CONSTRUCTION ACTIVITIES.

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1

APPLICATION FORM TITLE:

INDIVIDUAL PERMIT FORMS: VARY ACCORDING TO TYPE OF WASTEWATER AND THE DISCHARGE SURFACE WATERS
GENERAL PERMIT FORMS: VARY ACCORDING TO THE SPECIFIC GENERAL PERMIT ISSUED FOR THE STATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 5 YEARS

FEES:

CONTACT NPDES PERMITS UNIT

REQUIREMENTS OTHER THAN FEE:

PUBLIC NOTICE REQUIREMENT OF 45 DAYS FOR PERMIT APPLICATION.

NPDES WASTEWATER TREATMENT AND DISPOSAL
(CONTINUED)

POSSIBLE REQUIREMENT FOR AN ENVIRONMENTAL DOCUMENT, UNDER THE NORTH
CAROLINA ENVIRONMENTAL POLICY ACT, FOR PROJECTS THAT INVOLVE PUBLIC
FUNDS

WASTEWATER PUMPING AND HAULING

PURPOSE:

THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT, BY EFFECTIVE CONTROL AND MANAGEMENT OF WASTEWATER TREATMENT AND DISPOSAL NOT DISCHARGING TO THE SURFACE WATERS OF THE STATE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER QUALITY

ADDRESS:

ARCHDALE BLDG., 512 N. SALISBURY ST., RALEIGH, NC 27604
MAILING ADDRESS: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617

CONTACT:

APPROPRIATE DIVISION OF WATER QUALITY REGIONAL OFFICE, OR THE NON-DISCHARGE PERMITS AND ENGINEERING UNIT

TELEPHONE:

919-733-5083

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

THIS IS A TEMPORARY STATE PERMIT FOR THE PUMPING AND HAULING OF WASTEWATER FROM FAILING WASTEWATER TREATMENT SYSTEMS, FOR TREATMENT AND DISPOSAL BY AN APPROVED TREATMENT FACILITY. PERMITS ARE ISSUED AS DEEMED NECESSARY ON A CASE BY CASE BASIS.

STATUTORY AUTHORITY:

GS 143 ARTICLE 21, PART 1; GS 143-215.1; GS 143-215.3 (A) (1)

APPLICATION FORM TITLE:

NON-DISCHARGE PERMIT APPLICATION: MECHANICAL SYSTEMS FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

TEMPORARY PERMIT ISSUED FOR 6 MONTHS, UNLESS SPECIAL PERMISSION IS GRANTED

FEES:

\$400.00 PER ISSUANCE

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION MUST BE PROVIDED THAT AN AUTHORIZED WASTEWATER TREATMENT FACILITY AGREES TO ACCEPT THE SUBJECT WASTEWATER FOR FINAL TREATMENT AND DISPOSAL

WATER USE

PURPOSE:

REGULATION OF WATER WITHDRAWALS IN CAPACITY USE AREAS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER RESOURCES

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY STREET, RALEIGH, NC 27604

MAILING ADDRESS: 1611 MAIL SERVICE CENTER, RALEIGH, NC 27699-1611

CONTACT:

NAT WILSON

TELEPHONE:

919-715-5445

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WATER USE PERMIT FOR USE OF MORE THAN 100,000 GALLONS PER DAY

STATUTORY AUTHORITY:

GS 143-215.10 THROUGH 215.22

APPLICATION FORM TITLE:

APPLICATION FOR WATER USE PERMIT IN A CAPACITY USE AREA

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

DETERMINED BY THE ENVIRONMENTAL MANAGEMENT COMMISSION, BUT NOT TO EXCEED THE LONGEST OF THE FOLLOWING: 10 YEARS OR THE DURATION OF THE EXISTENCE OF THE CAPACITY USE AREA, OR THE PERIOD FOUND BY THE COMMISSION TO BE NECESSARY FOR REASONABLE AMORTIZATION OF THE APPLICANT'S WATER USING FACILITIES.

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

INTENT TO ISSUE WATER USE PERMIT - NOTICE TO ALL OTHER PERMITTEES IN THE CAPACITY USE AREA AND TO ALL OTHER PERSONS WHO HAVE REQUESTED TO BE NOTIFIED OF PERMIT APPLICATIONS

STREAM FLOW MODIFICATION NOTIFICATION

PURPOSE:

CERTAIN STREAM FLOW MODIFICATIONS RELATED TO DAMS OR WATER WITHDRAWALS
ARE REGULATED

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER RESOURCES

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY STREET, RALEIGH, NC 27604
MAILING ADDRESS: 1611 MAIL SERVICE CENTER, RALEIGH, NC 27699-1611

CONTACT:

JIM MEAD

TELEPHONE:

919-715-5428

OFFICE HOURS:

8:30 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SEVERAL STATE AND FEDERAL STATUTES REGULATE STREAM FLOW MODIFICATION

STATUTORY AUTHORITY:

GS 143-215.23 THROUGH 215.37

APPLICATION FORM TITLE:

NO SPECIFIC FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VARIES ACCORDING TO THE APPLICABLE STATUTE

FEES:

NONE

WATER WITHDRAWALS OR TRANSFERS

PURPOSE:

REGISTRATION OF ALL SURFACE AND GROUNDWATER WITHDRAWALS OF 1 MILLION
GALLONS PER DAY OR MORE

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER RESOURCES

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY STREET, RALEIGH, NC 27604
MAILING ADDRESS: 1611 MAIL SERVICE CENTER, RALEIGH, NC 27699-1611

CONTACT:

LINWOOD PEELE

TELEPHONE:

919-715-5455

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION REQUIREMENT

STATUTORY AUTHORITY:

GS 143-215.22 G THROUGH H

APPLICATION FORM TITLE:

REGISTRATION OF WITHDRAWAL/TRANSFER OF WATERS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

REGISTRATION MUST BE UPDATED EVERY 5 YEARS

FEES:

INITIAL: \$50.00

RENEWAL: NONE

INTERBASIN TRANSFER

PURPOSE:

REGULATION OF TRANSFERS OF WATER FROM ONE RIVER BASIN TO ANOTHER (OVER TWO MILLION GALLONS PER DAY)

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER RESOURCES

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY STREET, RALEIGH, NC 27604
MAILING ADDRESS: 1611 MAIL SERVICE CENTER, RALEIGH, NC 27699-1611

CONTACT:

TOM FRANSEN

TELEPHONE:

919-715-0381

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE ISSUED BY THE ENVIRONMENTAL MANAGEMENT COMMISSION TO TRANSFER WATER

STATUTORY AUTHORITY:

GS 143-215.22 G THROUGH I

APPLICATION FORM TITLE:

NO FORM REQUIRED

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NO RENEWAL

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

THE STATUTE IDENTIFIES THE REQUIREMENTS FOR INFORMATION FROM THE APPLICANT

APPROVAL OF LOCAL 20-YEAR WATER SUPPLY PLAN

PURPOSE:

REQUIRED LOCAL GOVERNMENT WATER SUPPLY PLAN

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WATER RESOURCES

ADDRESS:

ARCHDALE BUILDING, 512 N. SALISBURY STREET, RALEIGH, NC 27604

MAILING ADDRESS: 1611 MAIL SERVICE CENTER, RALEIGH, NC 27699-1611

CONTACT:

LINWOOD PEELE

TELEPHONE:

919-715-5455

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE APPROVAL OF THE 20-YEAR WATER SUPPLY PLAN FOR ALL LOCAL
GOVERNMENTS THAT PROVIDE PUBLIC WATER SUPPLIES

STATUTORY AUTHORITY:

GS 143-355(I)

APPLICATION FORM TITLE:

APPROVAL OF 20-YEAR WATER SUPPLY PLAN

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

5 YEARS

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

WATER SUPPLY PLAN MUST BE UPDATED EVERY FIVE YEARS

GAME BIRD PROPAGATION

PURPOSE:

TO MANAGE PROPAGATION AND SELLING OF GAME BIRDS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE RD., RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

RANDALL C. WILSON AT THE ABOVE ADDRESS

TELEPHONE:

919-661-4872

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GAME BIRD PROPAGATION LICENSE

STATUTORY AUTHORITY:

GS 113-273(H)

APPLICATION FORM TITLE:

APPLICATION FOR GAME BIRD PROPAGATION LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR; EXPIRES DECEMBER 31

FEES:

INITIAL: \$5.00

RENEWAL: \$5.00

WILDLIFE SCIENTIFIC COLLECTION

PURPOSE:

TO MANAGE THE COLLECTING OF BIRDS, ANIMALS, REPTILES AND AMPHIBIANS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE RD., RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

RANDALL C. WILSON AT THE ABOVE ADDRESS

TELEPHONE:

919-661-4872

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCIENTIFIC COLLECTION (BIRDS AND ANIMALS), GENERAL COLLECTION
(REPTILES AND AMPHIBIANS)

STATUTORY AUTHORITY:

GS 113-272.4

APPLICATION FORM TITLE:

APPLICATION FOR A LICENSE TO COLLECT BIRDS AND MAMMALS FOR SCIENTIFIC
PURPOSES; APPLICATION FOR A LICENSE TO COLLECT WILDLIFE RESOURCES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, EXPIRES DECEMBER 31

FEES:

INITIAL: \$5.00 IF NOT DULY ACCREDITED

RENEWAL: \$5.00 IF NOT DULY ACCREDITED

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST JUSTIFY NEED FOR LICENSE THROUGH RESPONSIBLE RESEARCH,
OR PROVE AFFILIATION WITH EDUCATIONAL OR RESEARCH INSTITUTION; NO
JUSTIFICATION OF SCIENTIFIC NEED FOR REPTILE/AMPHIBIANS LICENSE
IS REQUIRED.

WILDLIFE IN CAPTIVITY

PURPOSE:

HUMANE TREATMENT OF WILD ANIMALS AND WILD BIRDS THAT ARE HELD
IN CAPTIVITY

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE RD., RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

RANDALL C. WILSON AT THE ABOVE ADDRESS

TELEPHONE:

919-661-4872

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WILDLIFE IN CAPTIVITY LICENSE

STATUTORY AUTHORITY:

GS 113-272.5/NCAC T15 10H .0300

APPLICATION FORM TITLE:

APPLICATION FOR WILDLIFE CAPTIVITY LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR; EXPIRES DECEMBER 31

FEES:

INITIAL: \$5.00

RENEWAL: \$5.00

STATE RESIDENT FUR DEALER

PURPOSE:

REGULATES INDIVIDUAL RESIDENTS DEALING IN FURS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1710 MAIL SERVICE CENTER, RALEIGH, NC 27699-1710

CONTACT:

CUSTOMER SERVICE - DIRECT SALES

TELEPHONE:

919-662-4370

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE RESIDENT FUR DEALER LICENSE

STATUTORY AUTHORITY:

GS 113-273

APPLICATION FORM TITLE:

APPLICATION FOR FUR DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$60.00

RENEWAL: \$60.00

FUR DEALER STATION

PURPOSE:

CONTROL AND MANAGEMENT OF FUR DEALING

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1710 MAIL SERVICE CENTER, RALEIGH, NC 27699-1710

CONTACT:

CUSTOMER SERVICE - DIRECT SALES

TELEPHONE:

919-662-4370

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FUR DEALER STATION LICENSE

STATUTORY AUTHORITY:

GS 113-273

APPLICATION FORM TITLE:

APPLICATION FOR FUR DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$120.00

RENEWAL: \$120.00

NONRESIDENT FUR DEALER

PURPOSE:

CONTROL AND MANAGEMENT OF STATE DEALING IN FURS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1710 MAIL SERVICE CENTER, RALEIGH, NC 27699-1710

CONTACT:

CUSTOMER SERVICE

TELEPHONE:

919-662-4370

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NON-RESIDENT FUR DEALER LICENSE

STATUTORY AUTHORITY:

GS 113-273

APPLICATION FORM TITLE:

APPLICATION FOR FUR DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$300.00

RENEWAL: \$300.00

TAXIDERMY

PURPOSE:

LICENSE REQUIRED BY LAW FOR TAXIDERMY

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1707 MAIL SERVICE CENTER, RALEIGH, NC 27699-1707

CONTACT:

CUSTOMER SERVICE

TELEPHONE:

919-662-4370 OR 1-888-629-4535

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TAXIDERMY LICENSE

STATUTORY AUTHORITY:

GS 113-273

APPLICATION FORM TITLE:

APPLICATION FOR TAXIDERMY LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, EXPIRES DECEMBER 31

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

HUNTING AND FISHING GUIDE

PURPOSE:

TO PROTECT RESOURCES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1707 MAIL SERVICE CENTER, RALEIGH, NC 27699-1707

CONTACT:

CUSTOMER SERVICE

TELEPHONE:

919-662-4370 OR 1-888-629-4535

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RESIDENT HUNT/FISH GUIDE LICENSE

STATUTORY AUTHORITY:

GS 113-270.4

APPLICATION FORM TITLE:

RESIDENT HUNT/FISH GUIDE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

MUST BE NORTH CAROLINA RESIDENT

FISH SCIENTIFIC COLLECTION

PURPOSE:

LICENSE PROVIDES AUTHORIZATION TO PERSONS TO TAKE FISH THROUGH
THE USE OF DRUGS, POISONS, EXPLOSIVES, ELECTRICITY OR OTHER GENERALLY
PROHIBITED MANNER FOR USE OF SCIENTIFIC PURPOSES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1721 MAIL SERVICE CENTER, RALEIGH, NC 27699-1721

CONTACT:

DIANE RENZI

TELEPHONE:

919-733-3633, EXTENSION 278

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCIENTIFIC FISH COLLECTING LICENSE

STATUTORY AUTHORITY:

GS 113-261 THROUGH GS 113-262

APPLICATION FORM TITLE:

APPLICATION FOR A LICENSE TO COLLECT FISH AND/OR AQUATIC ORGANISMS
FOR SCIENTIFIC PURPOSES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$5.00 FOR PRIVATE COMPANIES
NO FEE FOR EDUCATIONAL OR GOVERNMENT ORGANIZATIONS

REQUIREMENTS OTHER THAN FEE:

REPORTING OF COLLECTING DATA
ADHERENCE TO RESTRICTIONS LISTED UNDER CATEGORIES

FISH TRANSPORT

PURPOSE:

FOR THE PROTECTION AND MANAGEMENT OF STATE FISHERY RESOURCES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1721 MAIL SERVICE CENTER, RALEIGH, NC 27699-1721

CONTACT:

DIANE RENZI

TELEPHONE:

919-733-3633, EXTENSION 278

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FISH TRANSPORT PERMIT FOR THE IMPORT OF HATCHERY FISH INTO THE STATE

STATUTORY AUTHORITY:

GS 113-272

APPLICATION FORM TITLE:

FISH TRANSPORTATION PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 1 YEAR FOR REPEATED TRIPS OF THE SAME FISH SPECIES, OR
A DATE SPECIFIC PERMIT FOR EACH TRIP

FEES:

NONE

FALCONRY

PURPOSE:

PROTECTION AND HUMANE TREATMENT OF FALCONRY BIRDS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE RD., RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

RANDALL C. WILSON AT THE ABOVE ADDRESS

TELEPHONE:

919-661-4872

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO KEEP A FALCON FOR HUNTING PURPOSES (FALCONRY PERMIT AND A FALCONRY EXAM ARE REQUIRED PRIOR TO APPLICATION FOR A FALCONRY LICENSE)

STATUTORY AUTHORITY:

GS 113-272

APPLICATION FORM TITLE:

FALCONRY LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

FALCONRY LICENSE NOT TO EXCEED 2 YEARS AND EXPIRES ON JUNE 30

FEES:

EXAM FEE: \$10.00

LICENSE FEE: \$10.00

REQUIREMENTS OTHER THAN FEE:

FALCONRY PERMIT AND FALCONRY EXAM REQUIRED PRIOR TO APPLICATION FOR A FALCONRY LICENSE

FALCON FACILITY APPROVAL REQUIRED

APPLICANT MUST HAVE A SPONSOR THAT IS ALREADY ISSUED A FALCONRY LICENSE

FIELD TRIALS

PURPOSE:

TO AUTHORIZED HUNTERS TO CONDUCT FIELD TRIALS WITH DOGS IN AREAS AND AT
TIMES WITH THE USE OF APPROVED WEAPONS AND AMMUNITION

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

512 N. SALISBURY STREET, RALEIGH, NC 27604

MAILING ADDRESS: 1717 MAIL SERVICE CENTER, RALEIGH, NC 27699-1717

CONTACT:

ENFORCEMENT - LINDA LEEDY

TELEPHONE:

919-733-7191, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FIELD TRIAL AUTHORIZATION

STATUTORY AUTHORITY:

GS 113-291.1

APPLICATION FORM TITLE:

FIELD TRIAL AUTHORIZATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SPECIFIED ON EACH AUTHORIZATION

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

EACH PARTICIPANT MUST HAVE IN POSSESSION A VALID HUNTING LICENSE

REGISTERED LANDS ENTRY

PURPOSE:

TO ALLOW PERSONS TO ENTER REGISTERED PROPERTY FOR THE PURPOSE OF
CONTROLLING HUNTING AND/OR FISHING OR BOTH

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

512 N. SALISBURY STREET, RALEIGH, NC 27604

MAILING ADDRESS: 1717 MAIL SERVICE CENTER, RALEIGH, NC 27699-1717

CONTACT:

LINDA LEEDY

TELEPHONE:

919-733-7191, EXTENSION 253

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTERED LAND APPLICATION PACKET

STATUTORY AUTHORITY:

GS 113-282

APPLICATION FORM TITLE:

REGISTERED LAND APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AS LONG AS PROPERTY REMAINS POSTED

FEES:

\$10.00 ADMINISTRATIVE FEE; NO CHARGE FOR ENTRY PERMITS

REQUIREMENTS OTHER THAN FEE:

PROPERTY MUST BE POSTED WITH SPECIFIC INFORMATION INCLUDED IN
APPLICATION PACKET

CONTROLLED FOX HUNTING PRESERVE

PURPOSE:

REGULATION OF CONTROLLED FOX HUNTING PRESERVES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

LICENSE/PERMIT OFFICER

TELEPHONE:

919-662-4575

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONTROLLED FOX HUNTING PRESERVE LICENSE

STATUTORY AUTHORITY:

GS 113-134; GS 113-273(G)

APPLICATION FORM TITLE:

CONTROLLED FOX HUNTING PRESERVE LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AUGUST 1 - JULY 31

FEES:

\$50.00

REQUIREMENTS OTHER THAN FEE:

CONTROLLED FOX HUNTING PRESERVE REGULATION REQUIREMENTS MUST BE MET

GRASS CARP STOCKING

PURPOSE:

FOR AUTHORIZATION TO PURCHASE, TRANSPORT, AND STOCK TRIPLOID GRASS CARP

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

1721 MAIL SERVICE CENTER, RALEIGH, NC 27699-1721

CONTACT:

DIANE RENZI

TELEPHONE:

919-733-3633, EXTENSION 278

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO STOCK TRIPLOID GRASS CARP

STATUTORY AUTHORITY:

GS 113-134; GS 113-292

APPLICATION FORM TITLE:

PONDOWNERS' APPLICATION TO STOCK TRIPLOID GRASS CARP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

FROM DATE ISSUED TO THE END OF FOLLOWING CALENDAR YEAR

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

ADHERENCE TO CONDITIONS ESTABLISHED UPON A BIOLOGICAL INVESTIGATION

DEER MANAGEMENT ASSISTANCE PROGRAM

PURPOSE:

REGULATION OF THE HARVEST OF EITHER-SEX DEER ON PRIVATE LANDS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

512 N. SALISBURY ST., RALEIGH, NC 27604-1188

MAILING ADDRESS: 1722 MAIL SERVICE CENTER, RALEIGH, NC 27699-1722

CONTACT:

SECTION MANAGER

TELEPHONE:

919-733-7291

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DEER MANAGEMENT ASSISTANCE PROGRAM PERMIT

STATUTORY AUTHORITY:

GS 113-292.2 (E)

APPLICATION FORM TITLE:

DMAP APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1ST DAY OF ARCHERY SEASON UNTIL CLOSING DATE OF GUN SEASON IN
EACH REGION

FEES:

\$50.00

REQUIREMENTS OTHER THAN FEE:

DEER MANAGEMENT ASSISTANCE PROGRAM REGULATION REQUIREMENTS MUST BE MET

CONTROLLED HUNTING PRESERVE

PURPOSE:

REGULATION OF CONTROLLED HUNTING PRESERVES

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

LICENSE/PERMIT OFFICER

TELEPHONE:

919-662-4575

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONTROLLED HUNTING PRESERVE LICENSE

STATUTORY AUTHORITY:

GS 113-134; GS 113-273

APPLICATION FORM TITLE:

CONTROLLED HUNTING PRESERVE APPLICATION FOR DOMESTICALLY RAISED GAME
BIRDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

OCTOBER 1 - MARCH 31 FOR HUNTING; OCTOBER 1 - SEPTEMBER 30 FOR GAME
BIRD PROPAGATION

FEES:

\$50.00

REQUIREMENTS OTHER THAN FEE:

CONTROLLED HUNTING PRESERVE REGULATION REQUIREMENTS MUST BE MET

BIRD BANDING

PURPOSE:

REGULATION OF THE CAPTURE AND BANDING OF BIRDS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699-1724

CONTACT:

LICENSE/PERMIT OFFICER

TELEPHONE:

919-662-4575

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BIRD BANDING PERMIT

STATUTORY AUTHORITY:

GS 113-274(C) (4)

APPLICATION FORM TITLE:

BIRD BANDING PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR AND EXPIRES ON DECEMBER 31

FEES:

NO FEE

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST JUSTIFY NEED FOR PERMIT THROUGH RESPONSIBLE RESEARCH, OR
PROVE AFFILIATION WITH EDUCATIONAL OR RESEARCH INSTITUTION; FEDERAL
BIRDBANDING PERMIT REQUIRED

WILDLIFE DAMAGE CONTROL AGENT

PURPOSE:

REGULATION OF WILDLIFE DAMAGE CONTROL AGENTS

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

512 N. SALISBURY ST., RALEIGH, NC 27604-1188

MAILING ADDRESS: 1722 MAIL SERVICE CENTER, RALEIGH, NC 27699-1722

CONTACT:

WILDLIFE MANAGEMENT

TELEPHONE:

919-733-7291

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WILDLIFE DAMAGE CONTROL AGENT CERTIFICATION

STATUTORY AUTHORITY:

GS 113-134; 113-273; 113-274; 113-291.4; 113-291.6; 113-300.1;
113-300.2; 113-307; 113-331; 113-333; 113-334(A); 113-337

APPLICATION FORM TITLE:

NONE; APPLICANTS CONTACT NC COOPERATIVE EXTENSION SERVICE TO SCHEDULE
TRAINING AND EXAMINATION. 919-515-7588

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS

FEES:

COOPERATIVE EXTENSION SERVICE CHARGES FEE FOR TRAINING CLASS
AND EXAMINATION

REQUIREMENTS OTHER THAN FEE:

TRAINING CLASS PROVIDED BY NC COOPERATIVE EXTENSION SERVICE AND
SUCCESSFUL COMPLETION OF EXAMINATION

HUNTING AND FISHING

PURPOSE:

TO IDENTIFY AND AUTHORIZE PERSONS TO HUNT AND FISH UNDER NORTH CAROLINA
LAW

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 1707 MAIL SERVICE CENTER, RALEIGH, NC 27699-1707

CONTACT:

CUSTOMER SERVICE HELP DESK

TELEPHONE:

1-888-NCWILDLIFE (629-4535)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VARIES DEPENDING ON TYPE OF LICENSE (HUNTING/FISHING/TRAPPING--BOTH
RESIDENT AND NON-RESIDENT)

STATUTORY AUTHORITY:

GS 113-270 AND GS 113-271

APPLICATION FORM TITLE:

VARIES DEPENDING ON SPECIFIC LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VARIES DEPENDING ON SPECIFIC LICENSE

FEES:

VARIES DEPENDING ON SPECIFIC LICENSE

REQUIREMENTS OTHER THAN FEE:

VARIES DEPENDING ON SPECIFIC LICENSE

BOAT REGISTRATION AND TITLING

PURPOSE:

IDENTIFICATION, PROTECTION AND SAFETY OF THE BOATING PUBLIC

DEPARTMENT:

ENVIRONMENT AND NATURAL RESOURCES

DIVISION:

WILDLIFE RESOURCES

ADDRESS:

322 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 1709 MAIL SERVICE CENTER, RALEIGH, NC 27699-1709

CONTACT:

TRANSACTION MANAGEMENT OFFICE

TELEPHONE:

1-800-NC-VESSEL (628-3773)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BOAT REGISTRATION AND BOAT TITLING

STATUTORY AUTHORITY:

GS 113-272; GS 75A

APPLICATION FORM TITLE:

VL1 FORM (BOAT REGISTRATION FORM)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CHOICE OF REGISTRATIONS FOR 1 YEAR OR FOR 3 YEARS

FEES:

1-YEAR REGISTRATION FEE: \$10.00

3-YEAR REGISTRATION FEE: \$25.00

TITLE FEE (ORIGINAL TITLE): \$20.00

REQUIREMENTS OTHER THAN FEE:

PROOF OF OWNERSHIP REQUIRED

CHILD CARE CENTERS/RELIGIOUS SPONSORED

PURPOSE:

REGULATION OF CHILD CARE CENTERS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

CHILD DEVELOPMENT

ADDRESS:

319 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER, RALEIGH, NC 27699-2201

CONTACT:

REGULATORY SERVICES SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-662-4527 OR 1-800-859-0829

HTTP://WWW.DHHS.STATE.NC.US/DCD

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD CARE CENTERS (RELIGIOUS SPONSORED)

STATUTORY AUTHORITY:

GS 110, ARTICLE 7

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON EXPIRING

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

THERE ARE REQUIREMENTS RELATED TO HEALTH, SAFETY & SANITATION; HEALTH STANDARDS FOR CHILDREN AND STAFF; NUMBER OF STAFF; EDUCATION AND TRAINING OF STAFF; CRIMINAL HISTORY BACKGROUND CHECKS ARE REQUIRED; BUILDING CODES; NUTRITION; AGE OF STAFF; SPACE AVAILABLE, BOTH INDOORS AND OUT; ACTIVITIES FOR CHILDREN; EQUIPMENT AND SUPPLIES; AND TRANSPORTATION THAT HAVE TO BE MET IN ORDER TO GET A LICENSE.

CHILD CARE HOMES/ONE STAR

PURPOSE:

REGULATION OF CHILD CARE FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

CHILD DEVELOPMENT

ADDRESS:

319 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER, RALEIGH, NC 27699-2201

CONTACT:

REGULATORY SERVICES SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-662-4527 OR 800-859-0829

HTTP://WWW.DHHS.STATE.NC.US/DCD

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD CARE HOME (ONE STAR LICENSES)

STATUTORY AUTHORITY:

GS 110, ARTICLE 7

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON EXPIRING

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

CHILD CARE HOME OPERATORS MUST COMPLY WITH BASIC HEALTH, SAFETY AND SANITATION REQUIREMENTS; MUST BE 21 AND HIGH SCHOOL DIPLOMA/GED; OPERATORS MUST COMPLETE BASIC FIRST AID AND CPR TRAINING AND 12 HOURS OF ADDITIONAL TRAINING ANNUALLY; CRIMINAL HISTORY BACKGROUND CHECKS ARE REQUIRED; THE HOME MUST COMPLY WITH RESIDENTIAL BUILDING CODES; AND TRANSPORTATION STANDARDS MUST BE MET.

CHILD CARE HOMES/TWO-FIVE STAR

PURPOSE:

REGULATION OF CHILD CARE FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

CHILD DEVELOPMENT

ADDRESS:

319 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER, RALEIGH, NC 27699-2201

CONTACT:

REGULATORY SERVICES SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-662-4527 OR 800-859-0829

HTTP://WWW.DHHS.STATE.NC.US/DCD

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD CARE HOME (TWO-FIVE STAR LICENSES)

STATUTORY AUTHORITY:

GS 110, ARTICLE 7

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON EXPIRING

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

CHILD CARE HOME OPERATORS MUST COMPLY WITH BASIC HEALTH, SAFETY AND SANITATION REQUIREMENTS; MUST BE 21 AND HIGH SCHOOL DIPLOMA/GED; OPERATORS MUST COMPLETE BASIC FIRST AID AND CPR TRAINING AND 12 HOURS OF ADDITIONAL TRAINING ANNUALLY; CRIMINAL HISTORY BACKGROUND CHECKS ARE REQUIRED; THE HOME MUST COMPLY WITH RESIDENTIAL BUILDING CODES; AND TRANSPORTATION STANDARDS MUST BE MET. ADDITIONAL FORMAL EDUCATION AND PROGRAM STANDARDS ARE REQUIRED FOR A PROGRAM WHO VOLUNTARILY CHOOSES TO MEET HIGHER REQUIREMENTS TO RECEIVE A TWO-FIVE STAR.

CHILD CARE CENTERS/ONE STAR

PURPOSE:

REGULATION OF CHILD CARE FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

CHILD DEVELOPMENT

ADDRESS:

319 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER, RALEIGH, NC 27699-2201

CONTACT:

REGULATORY SERVICES SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-662-4527 OR 800-859-0829

HTTP://WWW.DHHS.STATE.NC.US/DCD

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD CARE CENTER (ONE STAR LICENSES)

STATUTORY AUTHORITY:

GS 110, ARTICLE 7

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON EXPIRING

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

REQUIREMENTS RELATED TO HEALTH, SAFETY AND SANITATION; HEALTH STANDARDS FOR CHILDREN AND STAFF; EDUCATION AND EXPERIENCE; NUMBER OF STAFF; BUILDING CODES; CARE GIVING ACTIVITIES; NUTRITION; TRAINING REQUIREMENTS FOR STAFF; AGE OF STAFF; CRIMINAL HISTORY BACKGROUND CHECKS ARE REQUIRED ON ALL STAFF; SPACE AVAILABLE, BOTH INDOORS AND OUT; EQUIPMENT AND SUPPLIES; AND TRANSPORTATION THAT HAVE TO BE MET IN ORDER TO ISSUE A STAR LICENSE.

CHILD CARE CENTERS/TWO-FIVE STAR

PURPOSE:

REGULATION OF CHILD CARE FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

CHILD DEVELOPMENT

ADDRESS:

319 CHAPANOKE ROAD, RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER, RALEIGH, NC 27699-2201

CONTACT:

REGULATORY SERVICES SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-662-4527 OR 800-859-0829

HTTP://WWW.DHHS.STATE.NC.US/DCD

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD CARE CENTERS (TWO-FIVE STAR LICENSES)

STATUTORY AUTHORITY:

GS 110, ARTICLE 7

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON EXPIRING

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

THERE ARE REQUIREMENTS RELATED TO HEALTH, SAFETY AND SANITATION; HEALTH STANDARDS FOR CHILDREN AND STAFF; EDUCATION AND EXPERIENCE OF STAFF; NUMBER OF STAFF; CRIMINAL HISTORY BACKGROUND CHECKS ARE REQUIRED; BUILDING CODES; CARE GIVING ACTIVITIES; NUTRITION, TRAINING REQUIREMENTS FOR STAFF; AGE OF STAFF; SPACE AVAILABLE, BOTH INDOORS AND OUT; EQUIPMENT AND SUPPLIES; AND TRANSPORTATION THAT HAVE TO BE MET IN ORDER TO GET A TWO-FIVE STAR LICENSE. THESE REQUIREMENTS EXCEED THE MINIMUM STANDARDS AND THESE ARE VOLUNTARY HIGHER STANDARDS.

HOME CARE AGENCY

PURPOSE:

REGULATION OF HOME CARE AGENCIES (INCLUDES HOME HEALTH AGENCIES)

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOME CARE AGENCY LICENSE

STATUTORY AUTHORITY:

GS 131E, ARTICLE 6, PART C

APPLICATION FORM TITLE:

LICENSE APPLICATION FOR HOME CARE, NURSING POOL, HOSPICE AND
DATA COLLECTION FORM FOR HOME CARE & HOSPICE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13J

HOSPICE

PURPOSE:

REGULATION OF HOSPICE AGENCIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOSPICE LICENSE

STATUTORY AUTHORITY:

GS 131E, ARTICLE 10

APPLICATION FORM TITLE:

LICENSE APPLICATION FOR HOME CARE, NURSING POOL, HOSPICE AND
DATA COLLECTION FORM FOR HOSPICE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH HOSPICE LICENSURE RULES 10A NCAC 13K

AMBULATORY SURGICAL FACILITY

PURPOSE:

REGULATION OF AMBULATORY SURGICAL FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO OPERATE AN AMBULATORY SURGICAL FACILITY

STATUTORY AUTHORITY:

GS 131E-145 THROUGH GS 131E-152

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE AS AN AMBULATORY SURGICAL FACILITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13C

ABORTION CLINICS

PURPOSE:

CERTIFICATION OF ABORTION CLINICS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE FOR THE PERFORMANCE OF ABORTIONS

STATUTORY AUTHORITY:

GS 14-45.1

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION AS AN ABORTION CLINIC

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH CERTIFICATION RULES, 10A NCAC 14E

HOSPITALS

PURPOSE:

REGULATION OF HOSPITALS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOSPITAL LICENSE

STATUTORY AUTHORITY:

GS 131E, ARTICLE 5

APPLICATION FORM TITLE:

APPLICATION FOR RENEWAL OF LICENSE TO OPERATE A HOSPITAL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13B PLUS CERTIFICATE OF NEED
AND PHYSICAL PLANT REQUIREMENTS AS APPLICABLE

MENTAL HEALTH FACILITIES

PURPOSE:

REGULATION OF FACILITIES FOR THE MENTALLY ILL, DEVELOPMENTALLY
DISABLED, AND SUBSTANCE ABUSERS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

701 BARBOUR DR., RALEIGH, NC

MAILING ADDRESS: 2718 MAIL SERVICE CENTER, RALEIGH, NC 27699-2718

CONTACT:

JEFF HORTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3795

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MENTAL HEALTH FACILITIES (MENTAL HEALTH/MENTAL RETARDATION)

STATUTORY AUTHORITY:

GS 122C, ARTICLE 1A

APPLICATION FORM TITLE:

APPLICATION FOR INITIAL AND RENEWAL LICENSURE FOR MH/DD/SAS
FACILITIES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 27G

MENTAL HEALTH FACILITIES

PURPOSE:

REGULATION OF FACILITIES FOR TREATMENT OF SUBSTANCE ABUSE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

701 BARBOUR DR., RALEIGH, NC

MAILING ADDRESS: 2718 MAIL SERVICE CENTER, RALEIGH, NC 27699-2718

CONTACT:

JEFF HORTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3795

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MENTAL HEALTH FACILITIES (CHEMICAL DEPENDENCY TREATMENT)

STATUTORY AUTHORITY:

GS 122C, ARTICLE 2

APPLICATION FORM TITLE:

INITIAL AND RENEWAL LICENSURE APPLICATION FOR MH/DD/SAS FACILITIES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 27G

ADULT CARE HOMES/DEVELOPMENTALLY DISABLED

PURPOSE:

TO REGULATE CARE PROVIDED TO DEVELOPMENTALLY DISABLED ADULTS IN
ADULT CARE HOMES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

701 BARBOUR DR., RALEIGH, NC

MAILING ADDRESS: 2708 MAIL SERVICE CENTER, RALEIGH, NC 27699-2708

CONTACT:

JIM UPCHURCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3765

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOMES FOR DEVELOPMENTALLY DISABLED ADULTS

STATUTORY AUTHORITY:

GS 131D-2

APPLICATION FORM TITLE:

DFS 4124

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13H

ADULT CARE HOMES/FAMILY CARE

PURPOSE:

TO REGULATE CARE PROVIDED TO THE AGED AND THE DISABLED IN ADULT CARE/
FAMILY CARE FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

701 BARBOUR DR., RALEIGH, NC

MAILING ADDRESS: 2708 MAIL SERVICE CENTER, RALEIGH, NC 27699-2708

CONTACT:

JIM UPCHURCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3765

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FAMILY CARE HOMES

STATUTORY AUTHORITY:

GS 131D-2

APPLICATION FORM TITLE:

DFS 4124

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13G

ADULT CARE HOMES/SEVEN OR MORE BEDS

PURPOSE:

TO REGULATE CARE PROVIDED TO THE AGED IN ADULT CARE FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

701 BARBOUR DR., RALEIGH, NC

MAILING ADDRESS: 2708 MAIL SERVICE CENTER, RALEIGH, NC 27699-2708

CONTACT:

JIM UPCHURCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3765

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ADULT CARE HOMES

STATUTORY AUTHORITY:

GS 131D-2

APPLICATION FORM TITLE:

DFS 4124

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13F

NURSING HOMES

PURPOSE:

REGULATION OF NURSING HOMES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2711 MAIL SERVICE CENTER, RALEIGH, NC 27699-2711

CONTACT:

BEVERLY SPEROFF, ASSISTANT CHIEF, NURSING HOME BRANCH

TELEPHONE:

919-733-7461

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NURSING HOME LICENSE

STATUTORY AUTHORITY:

GS 131E, ARTICLE 6

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE TO OPERATE A NURSING HOME

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13D PLUS CERTIFICATE OF NEED
AND PHYSICAL PLANT REQUIREMENTS AS APPLICABLE.

EMT/BASIC

PURPOSE:

CERTIFICATION OF EMERGENCY MEDICAL TECHNICIAN-BASIC

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2707 MAIL SERVICE CENTER, RALEIGH, NC 27699-2707

CONTACT:

ED BROWNING, EMERGENCY MEDICAL SERVICES, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3935

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE AS EMERGENCY MEDICAL TECHNICIAN OR MEDICAL RESPONDER

STATUTORY AUTHORITY:

GS 131E-159

APPLICATION FORM TITLE:

CERTIFICATION APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

4 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13P

AMBULANCE OPERATIONS

PURPOSE:

PERMITTING OF AMBULANCES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2707 MAIL SERVICE CENTER, RALEIGH, NC 27699-2707

CONTACT:

DREXDAL PRATT, EMERGENCY MEDICAL SERVICES, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3935

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO OPERATE AMBULANCE

STATUTORY AUTHORITY:

GS 131E-156 THRU 131E-161

APPLICATION FORM TITLE:

VEHICLE INSPECTION SHEET

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

6 YEARS (PROVIDER LICENSE); 2 YEARS (VEHICLE INSPECTION PERMIT)

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13P

EMT/ADVANCED

PURPOSE:

CERTIFICATION OF ADVANCED LIFE SUPPORT PERSONNEL

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2707 MAIL SERVICE CENTER, RALEIGH, NC 27699-2707

CONTACT:

ED BROWNING, EMERGENCY MEDICAL SERVICES, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3935

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATION AS EMD, EMT-D, EMT-I OR EMT-P

STATUTORY AUTHORITY:

GS 131E-159

APPLICATION FORM TITLE:

CERTIFICATION APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

4 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10 NCAC 3D

PSYCHIATRIC HOSPITALS

PURPOSE:

REGULATION OF PSYCHIATRIC HOSPITALS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2718 MAIL SERVICE CENTER, RALEIGH, NC 27699-2718

CONTACT:

JEFF HORTON, CHIEF, MENTAL HEALTH LICENSURE & CERTIFICATION

TELEPHONE:

919-855-3795

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO OPERATE A PSYCHIATRIC HOSPITAL (OR SUBSTANCE ABUSE HOSPITAL)

STATUTORY AUTHORITY:

GS 122C-12

APPLICATION FORM TITLE:

INITIAL RENEWAL LICENSE APPLICATION FOR MENTAL HEALTH AND SUBSTANCE
ABUSE HOSPITALS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR RENEWABLE ANNUALLY

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 27G

CARDIAC REHAB PROGRAMS

PURPOSE:

REGULATION OF CARDIAC REHABILITATION PROGRAMS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF COMPLIANCE FOR CARDIAC REHABILITATION PROGRAMS

STATUTORY AUTHORITY:

GS 131E, ARTICLE 8

APPLICATION FORM TITLE:

APPLICATION FOR OUT-OF-HOSPITAL CARDIAC REHABILITATION PROGRAMS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS, RENEWABLE

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH CERTIFICATION RULES 10A NCAC 14F

NURSING POOLS

PURPOSE:

REGULATION OF NURSING POOLS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, ACUTE CARE LICENSURE BRANCH

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSURE AS A NURSING POOL

STATUTORY AUTHORITY:

GS 131E, GS 154.3, ARTICLE 6

APPLICATION FORM TITLE:

LICENSURE APPLICATION FOR HOME CARE, NURSING POOL AND HOSPICE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

A NURSING POOL IS REQUIRED TO CARRY GENERAL AND PROFESSIONAL LIABILITY INSURANCE WRITTEN BY AN INSURER APPROVED BY THE NC DEPT. OF INSURANCE. COMPLIANCE WITH RULES 10A NCAC 13L

LABORATORY AIDS TESTS

PURPOSE:

REGULATION OF FACILITIES PERFORMING LABORATORY TESTS FOR AIDS VIRUS
INFECTION

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, CLINICAL LABORATORY IMPROVEMENT ACT
PROGRAM

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFIED COMPLIANCE TO PERFORM TESTS FOR AIDS VIRUS

STATUTORY AUTHORITY:

GS 130A-148

APPLICATION FORM TITLE:

APPLICATION FOR NC CERTIFICATE OF COMPLIANCE WITH HIV LABORATORY
CERTIFICATION STANDARDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONCURRENT WITH QUALIFYING SOURCE DOCUMENTS

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH 10A NCAC 42D

MAMMOGRAPHY SCREENING

PURPOSE:

REGULATION OF FACILITIES PERFORMING SCREENING MAMMOGRAPHY

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

AZZIE CONLEY, BRANCH MANAGER, CLINICAL LABORATORY IMPROVEMENT ACT
PROGRAM

TELEPHONE:

919-733-1610

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFIED COMPLIANCE FOR SCREENING MAMMOGRAPHY WITH ACCREDITATION
STANDARDS

STATUTORY AUTHORITY:

GS 143B-165(12)

APPLICATION FORM TITLE:

APPLICATION FOR NORTH CAROLINA STATE CERTIFICATION OF COMPLIANCE
WITH MAMMOGRAPHY ACCREDITATION STANDARDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONCURRENT WITH SOURCE DOCUMENTS

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH 10A NCAC 13M

PAP SMEAR LABORATORY SCREENING

PURPOSE:

REGULATION OF FACILITIES PERFORMING PAP SMEAR LABORATORY SCREENING

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2713 MAIL SERVICE CENTER, RALEIGH, NC 27699-2713

CONTACT:

ELAINE BRITT, HEAD, CLINICAL LABORATORY IMPROVEMENT ACT PROGRAM

TELEPHONE:

919-661-6003

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFIED COMPLIANCE WITH PAP SMEAR ACCREDITATION STANDARDS

STATUTORY AUTHORITY:

GS 143B-165(12)

APPLICATION FORM TITLE:

APPLICATION FOR NC STATE CERTIFICATION OF COMPLIANCE WITH PAP SMEAR
ACCREDITATION STANDARDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONCURRENT WITH SOURCE DOCUMENTS

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH 10 NCAC 3W

ADULT CARE HOMES/ADMINISTRATOR

PURPOSE:

TO ASSURE CARE, SUPERVISION, AND PROTECTION OF AGED AND DISABLED
PERSONS IN RESIDENTIAL LONG TERM CARE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

COUNCIL BUILDING, 701 BARBOUR DRIVE, RALEIGH, NC 27603-2008

MAILING ADDRESS: 2708 MAIL SERVICE CENTER, RALEIGH, NC 27699-2708

CONTACT:

JIM UPCHURCH, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3765

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ADMINISTRATOR CERTIFICATE

STATUTORY AUTHORITY:

GS 131D-2

APPLICATION FORM TITLE:

ADULT CARE HOME ADMINISTRATOR APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

NONE

AMBULANCE PROVIDER

PURPOSE:

LICENSING OF AMBULANCE PROVIDERS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

FACILITY SERVICES

ADDRESS:

2707 MAIL SERVICE CENTER, RALEIGH, NC 27699-2707

CONTACT:

DREXDAL PRATT, EMERGENCY MEDICAL SERVICES, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3955

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE AS AN AMBULANCE PROVIDER

STATUTORY AUTHORITY:

GS 131E-155.1

APPLICATION FORM TITLE:

AMBULANCE PROVIDER LICENSE APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

6 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10A NCAC 13P

MENTAL HEALTH FACILITIES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

MENTAL HEALTH, DEVELOPMENTAL DISABILITY & SUBSTANCE ABUSE SERVICES

ADDRESS:

325 N. SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

JIM JARRARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-881-2446

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FULL CERTIFICATION OF MENTAL HEALTH FACILITIES

STATUTORY AUTHORITY:

GS 122C-191(D), GS 122C-141(B), GS 122C-142(A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH APPLICABLE STATUTES AND RULES OF THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES AND THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OR EVIDENCE THAT ACTION IS BEING TAKEN TO CORRECT ALL OUT-OF-COMPLIANCE FINDINGS.

CONTROLLED SUBSTANCE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

MENTAL HEALTH, DEVELOPMENTAL DISABILITY & SUBSTANCE ABUSE SERVICES

ADDRESS:

3016 MAIL SERVICE CENTER, RALEIGH, NC 27699-3016

CONTACT:

JOHN WOMBLE, 3824 BARRETT DRIVE, RALEIGH, NC

TELEPHONE:

919-420-7934

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NORTH CAROLINA CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

STATUTORY AUTHORITY:

GS 90 101-102

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$100.00 - \$600.00 DEPENDING ON CLASSIFICATION

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH APPLICABLE STATUTES AND RULES OF THE NORTH CAROLINA CONTROLLED SUBSTANCES ACT OR EVIDENCE THAT ACTION IS BEING TAKEN TO CORRECT ALL OUT-OF-COMPLIANCE FINDINGS.

BLOOD/BREATH ALCOHOL TESTING

PURPOSE:

PERMIT WHICH ALLOWS AN INDIVIDUAL TO PERFORM A CHEMICAL ANALYSIS OF A PERSON'S BREATH OR BLOOD IN ORDER TO DETERMINE THAT PERSON'S ALCOHOL CONCENTRATION. PERMITS ISSUED BY THE DEPARTMENT ARE SUBJECT TO RENEWAL, TERMINATION, AND REVOCATION IN THE DEPARTMENT'S DISCRETION.

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

PUBLIC HEALTH

ADDRESS:

2728 CAPITAL BLVD., RALEIGH, NC 27604

MAILING ADDRESS: 1922 MAIL SERVICE CENTER, RALEIGH, NC 27699-1922

CONTACT:

ALBERT E. EISELE, JR., CHRONIC DISEASE & INJURY SECTION

TELEPHONE:

919-733-3225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO PERFORM CHEMICAL ANALYSES OF BREATH OR BLOOD

STATUTORY AUTHORITY:

GS 20-139.1

APPLICATION FORM TITLE:

APPLICATION FOR INITIAL OR RENEWAL PERMIT TO PERFORM BREATH OR BLOOD ALCOHOL TESTS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INITIAL - 24 MONTHS AND SUBSEQUENT

RENEWAL - 24 MONTHS

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

PERMITS GRANTED TO INDIVIDUALS WHO DEMONSTRATE ABILITY TO PERFORM CHEMICAL ANALYSES IN ACCORDANCE WITH METHODS APPROVED BY COMMISSION; CAN SATISFACTORILY EXPLAIN METHOD OF OPERATION OF BREATH-TESTING INSTRUMENT; OFFER SATISFACTORY PROOF OF GOOD CHARACTER; AND ARE EMPLOYED BY LAW ENFORCEMENT AGENCY, THE INJURY CONTROL SECTION OR MEMBERS OF ITS INSTRUCTIONAL STAFF OR BY SOME OTHER FEDERAL, STATE, COUNTY OR MUNICIPAL AGENCY WITH RESPONSIBILITY OF ADMINISTERING ANALYSES.

ASBESTOS HAZARD MANAGEMENT

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

PUBLIC HEALTH

ADDRESS:

1912 MAIL SERVICE CENTER, RALEIGH, NC 27699-1912

CONTACT:

JOHN J. "PAT" CURRAN AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0200/OFFICE 919-733-8493/FAX

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ASBESTOS ACCREDITATION

STATUTORY AUTHORITY:

GS 130A - 444 THROUGH 452

APPLICATION FORM TITLE:

ASBESTOS ACCREDITATION (DHHS 3699)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM COMPLETION DATE OF APPLICABLE TRAINING COURSE

FEES:

\$100.00 - INSPECTOR	\$100.00 - MANAGEMENT PLANNER
\$100.00 - SUPERVISOR	\$100.00 - PROJECT DESIGNER
\$ 25.00 - WORKER	\$100.00 - AIR MONITOR
\$100.00 - SUPERVISING AIR MONITOR	
* INDIVIDUALS APPLYING FOR ACCREDITATION OR REACCREDITATION IN MORE THAN ONE CATEGORY MUST PAY \$100.00 FOR THE FIRST CATEGORY AND \$75.00 FOR EACH ADDITIONAL CATEGORY.	

REQUIREMENTS OTHER THAN FEE:

REQUIREMENTS AS SPECIFIED IN 15A NCAC 19C .0601-.0611

ASBESTOS REMOVAL AND DEMOLITION

PURPOSE:

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

PUBLIC HEALTH

ADDRESS:

1912 MAIL SERVICE CENTER, RALEIGH, NC 27699-1912

CONTACT:

JOHN J. "PAT" CURRAN AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0200/OFFICE 919-733-8493/FAX

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ASBESTOS REMOVAL PERMIT/NOTIFICATION

STATUTORY AUTHORITY:

GS 130A - 444 THRU 452

APPLICATION FORM TITLE:

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION
(DHHS 3768)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE ISSUED 10 WORKING DAYS PRIOR TO THE START OF ANY ASBESTOS
REMOVAL PROJECT IN THE STATE. NOTIFICATION OF DEMOLITION REQUIRED
10 WORKING DAYS PRIOR TO ONSET OF WORK. NOTIFICATION OF DEMOLITION
REQUIRED 10 WORKING DAYS EVEN IF NO ASBESTOS IS PRESENT.

FEES:

1% OF CONTRACTED PRICE OR \$.10 PER SQUARE/LINEAR FOOT, WHICHEVER IS
GREATER, FOR CEILING TILES, FLOOR TILES, CEMENTITIOUS WALLBOARD/PANELS,
AND ROOFING. 1% OF CONTRACTED PRICE OR \$.20 PER SQUARE/LINEAR FOOT,
WHICHEVER IS GREATER, FOR ALL OTHER MATERIALS.
REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$300.00. RESIDING HOME-
OWNERS ARE EXEMPT FROM PERMIT FEES.

REQUIREMENTS OTHER THAN FEE:

NOTIFICATIONS MUST BE SUBMITTED TO THE EPIDEMIOLOGY DIVISION, HEALTH
HAZARD CONTROL UNIT, DHHS, 10 WORKING DAYS PRIOR TO ANY DEMOLITIONS
OF FACILITIES AS DEFINED IN THE REGULATIONS.

DRINKING WATER LABORATORIES

PURPOSE:

TO CERTIFY LABORATORIES ANALYZING DRINKING WATER SAMPLES FOR COMPLIANCE
WITH THE SAFE DRINKING WATER ACT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

PUBLIC HEALTH

ADDRESS:

306 NORTH WILMINGTON STREET, RALEIGH, NC 27611

CONTACT:

MIKE KING, LABORATORY CERTIFICATION UNIT

TELEPHONE:

919-733-7308

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATES FOR THE APPROVED ANALYTES

STATUTORY AUTHORITY:

GS 130A - 315

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

CERTIFICATION FEES SHALL BE TWENTY DOLLARS (\$20.00) PER ANALYTE.
MINIMUM AND MAXIMUM FEE PER ANALYTE GROUP SHALL BE AS SET FORTH IN
GS 130A - 326(7). (CURRENTLY CHANGING MINIMUM FEE FOR CERTIFICATION)

REQUIREMENTS OTHER THAN FEE:

EACH LABORATORY MUST SHOW INITIAL DEMONSTRATION OF ABILITY BY
SUCCESSFULLY ANALYZING TWO PERFORMANCE SAMPLES, AND MAINTAIN A
SUCCESSFUL ANALYSES PERCENTAGE OF 66% BASED ON THE LAST THREE
PERFORMANCE SAMPLES. ADDITIONALLY, EACH LABORATORY RECEIVES AN ON
SITE EVALUATION ANNUALLY TO ASSURE COMPLIANCE WITH METHODOLOGY.

MILK LABORATORIES

PURPOSE:

TO CERTIFY LABORATORIES AND ANALYSTS ANALYZING MILK SAMPLES FOR
COMPLIANCE WITH THE GRADE A PASTEURIZED MILK ORDINANCE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

PUBLIC HEALTH

ADDRESS:

306 NORTH WILMINGTON STREET, RALEIGH, NC 27611

CONTACT:

MIKE KING, LABORATORY CERTIFICATION UNIT

TELEPHONE:

919-733-7308

OFFICE HOURS:

7:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATES FOR THE APPROVED ANALYSTS

STATUTORY AUTHORITY:

GS 130A-274 TO GS 130A-279

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

EACH ANALYST MUST PARTICIPATE IN THE SPLIT MILK STUDIES. ADDITIONALLY,
AN ON-SITE EVALUATION OF THE LABORATORY TO REVIEW QUALITY CONTROL AND
REPORT RECORDS, FACILITIES EQUIPMENT, MATERIALS AND PROCEDURES IS
CONDUCTED EVERY TWO YEARS.

LEAD-BASED PAINTS IN BUILDINGS

PURPOSE:

TO PROTECT HUMAN HEALTH AND THE ENVIRONMENT FROM LEAD-BASED PAINT HAZARDS

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

PUBLIC HEALTH

ADDRESS:

1912 MAIL SERVICE CENTER, RALEIGH, NC 27699-1912

CONTACT:

HEALTH HAZARDS CONTROL BRANCH WITHIN THE OCCUPATIONAL AND ENVIRONMENTAL EPIDEMIOLOGY SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-0820

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY
AFTER HOURS EMERGENCIES ARE RESPONDED TO BY THE DEPARTMENT OF CRIME CONTROL & PUBLIC SAFETY, EMERGENCY MANAGEMENT DIVISION (919-733-3825).

LICENSES, PERMITS, OR CERTIFICATES:

INDIVIDUALS AND COMPANIES PERFORMING LEAD-BASED PAINT MANAGEMENT ACTIVITIES ARE ISSUED NC CERTIFICATIONS. LEAD-BASED PAINT ABATEMENTS REQUIRE A PERMIT.

STATUTORY AUTHORITY:

GS 130A, ARTICLE 19A - LEAD BASED PAINT HAZARD MANAGEMENT PROGRAM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LEAD BASED PAINT CERTIFICATION - 1 YEAR
LEAD ABATEMENT PERMIT - DURATION OF PROJECT

FEES:

LEAD-BASED PAINT CERTIFICATION - \$50.00 - \$100.00 DEPENDING ON DISCIPLINE
LEAD EXAMINATION FEE - \$75.00
LEAD-BASED PAINT TRAINING COURSE APPROVAL - \$750.00 - \$2,000.00

REQUIREMENTS OTHER THAN FEE:

LEAD-BASED PAINT CERTIFICATIONS ARE BASED ON EDUCATION, TRAINING, AND EXPERIENCE OF INDIVIDUAL. LEAD-BASED PAINT CERTIFICATION IS ALSO BASED ON PASSING STATE ADMINISTERED EXAMINATION. TRAINING COURSES ARE APPROVED BASED UPON DESK REVIEW AND ON SITE AUDIT PROCESS. PERMITS ARE ISSUED AND MAINTAINED BASED ON BUILDING OWNER/CONTRACTOR PERFORMING LEAD ABATEMENTS IN A MANNER TO PROTECT PUBLIC HEALTH AND ENVIRONMENT.

CONCESSION STAND OPERATOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SERVICES FOR THE BLIND/BUSINESS ENTERPRISES

ADDRESS:

309 ASHE AVENUE, RALEIGH, NC 27606

CONTACT:

CLAY POPE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9703

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONCESSION STAND OPERATOR LICENSE

STATUTORY AUTHORITY:

GS 111-27

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

LEGALLY BLIND REQUIREMENT, MAJORITY AGE, PHYSICAL ABILITY TO PERFORM DUTIES, PROFICIENCY IN BASIC MOBILITY, ACTIVITIES OF DAILY LIVING, MATHEMATICS AND OTHER BASIC JOB RELATED SKILLS, FAMILIARITY WITH RULES AND REGULATIONS OF NC CONCESSION STAND PROGRAM AND PARTICIPATION IN TRAINING PROGRAM, APPEARANCE, U.S. CITIZEN, AND IN NEED OF EMPLOYMENT.

LEGAL BLINDNESS/SOLE PROPRIETOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SERVICES FOR THE BLIND/VOCATIONAL REHABILITATION

ADDRESS:

2601 MAIL SERVICE CENTER, RALEIGH, NC 27699-2601

CONTACT:

JOANN STRADER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9700

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FREE PRIVILEGE LICENSE GRANTED TO BLIND PEOPLE POSTING CERTIFIED
COPY OF THEIR EYE REPORT

STATUTORY AUTHORITY:

GS 105-249

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

LEGAL BLINDNESS, AGE, DESIRE TO OPERATE AS SOLE PROPRIETOR A LEGITIMATE
BUSINESS, TRADE, ETC.

HEARING EAR ASSISTIVE DOGS

PURPOSE:

CONFIRMATION THAT TRAINING CRITERIA HAS BEEN MET

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SERVICES FOR THE DEAF AND HARD OF HEARING

ADDRESS:

319 CHAPANOKE ROAD, SUITE 108, RALEIGH, NC 27603

MAILING ADDRESS: 2301 MAIL SERVICE CENTER, RALEIGH, NC 27699-2301

CONTACT:

PAT STIVLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-773-2963 (PLEASE CALL 711 & USE RELAY OPERATOR)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE FOR HEARING EAR ASSISTIVE DOGS

STATUTORY AUTHORITY:

GS 168-4.6, GS 168-4.7, GS 168-4.9

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE FOR HEARING EAR ASSISTIVE DOGS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LIFE OF ANIMAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PRESENTATION OF CERTIFICATION FROM THE ANIMAL TRAINER THAT THE ANIMAL HAS BEEN ADEQUATELY TRAINED IS REQUIRED. NO LICENSE IS ISSUED; HOWEVER, A LETTER CONFIRMING TRAINING CRITERIA IS ISSUED BY SERVICES FOR THE DEAF AND HARD OF HEARING.

MATERNITY HOMES

PURPOSE:

REGULATION OF MATERNITY HOMES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

325 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: 2409 MAIL SERVICE CENTER, RALEIGH, NC 27699-2409

CONTACT:

KEVIN KELLEY, RACHEL GILMAN, OR BOB HENSLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7831

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MATERNITY HOME LICENSE

STATUTORY AUTHORITY:

GS 131D-1

APPLICATION FORM TITLE:

APPLICATION FOR A LICENSE TO OPERATE A CHILD-PLACING AGENCY,
OR RESIDENTIAL MATERNITY HOME

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM ISSUANCE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH NC ADMINISTRATIVE CODE 10 NCAC 41N AND 41Q

CHILD-PLACING AGENCIES

PURPOSE:

REGULATION OF CHILD PLACING AND CHILD CARE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

325 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: 2409 MAIL SERVICE CENTER, RALEIGH, NC 27699-2409

CONTACT:

KEVIN KELLEY, RACHEL GILMAN, OR BOB HENSLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7831

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD-PLACING AGENCIES/ADOPTION AND FOSTER CARE

STATUTORY AUTHORITY:

GS 143B-153 AND GS 131D, ARTICLE 1A

APPLICATION FORM TITLE:

APPLICATION FOR A LICENSE TO OPERATE A CHILD-PLACING AGENCY,
OR RESIDENTIAL MATERNITY HOME

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH THE NC ADMINISTRATIVE CODE 10 NCAC 41N, O AND P
AND/OR Q

FAMILY FOSTER HOMES

PURPOSE:

REGULATION OF CHILD PLACING AND FAMILY FOSTER CARE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

325 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: 2409 MAIL SERVICE CENTER, RALEIGH, NC 27699-2409

CONTACT:

KEVIN KELLEY, RACHEL GILMAN, OR BOB HENSLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7831

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FAMILY FOSTER HOME

STATUTORY AUTHORITY:

GS 143B-153 AND GS 131D, ARTICLE 1A

APPLICATION FORM TITLE:

NC DIVISION OF SOCIAL SERVICES FAMILY FOSTER HOME LICENSING APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF LICENSURE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH NC ADMINISTRATIVE CODE 10 NCAC 41F

CHILD CARING INSTITUTIONS

PURPOSE:

REGULATION OF CHILD PLACING AND RESIDENTIAL CHILD CARE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

325 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: 2409 MAIL SERVICE CENTER, RALEIGH, NC 27699-2409

CONTACT:

KEVIN KELLEY, RACHEL GILMAN, OR BOB HENSLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7831

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHILD CARING INSTITUTIONS

STATUTORY AUTHORITY:

GS 143B-153 AND GS 131D, ARTICLE 1A

APPLICATION FORM TITLE:

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF
SOCIAL SERVICES, APPLICATION FOR LICENSE(S) FOR RESIDENTIAL CHILD CARE
FACILITY(IES)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH ADMINISTRATIVE CODE 10 NCAC 41S & 41T

GROUP HOMES FOR CHILDREN

PURPOSE:

REGULATION OF CHILD PLACING AND RESIDENTIAL CHILD CARE

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

325 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: 2409 MAIL SERVICE CENTER, RALEIGH, NC 27699-2409

CONTACT:

KEVIN KELLEY, RACHEL GILMAN, OR BOB HENSLEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7831

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GROUP HOMES FOR CHILDREN

STATUTORY AUTHORITY:

GS 143B-153 AND GS 131D, ARTICLE 1A

APPLICATION FORM TITLE:

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF
SOCIAL SERVICES, APPLICATION FOR LICENSE(S) FOR RESIDENTIAL CHILD CARE
FACILITY(IES)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

CONTACT AGENCY

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH ADMINISTRATIVE CODE 10 NCAC 41S & 41T

ADULT DAY CARE

PURPOSE:

REGULATION OF ADULT DAY CARE AND DAY HEALTH FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

693 PALMER DRIVE, RALEIGH, NC 27603

CONTACT:

SHANNON CRANE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3983

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ADULT DAY CARE PROGRAMS AND ADULT DAY HEALTH PROGRAMS

STATUTORY AUTHORITY:

GS 131D-6

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

THE ADULT DAY CARE/DAY HEALTH STANDARDS FOR CERTIFICATION MUST BE MET
IN ORDER TO OBTAIN A CERTIFICATE.

ADULT DAY CARE AND ADULT HEALTH PROGRAMS

PURPOSE:

REGULATION OF ADULT DAY CARE AND ADULT DAY HEALTH FACILITIES

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

SOCIAL SERVICES

ADDRESS:

693 PALMER DRIVE, RALEIGH, NC 27603

CONTACT:

SHANNON CRANE, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3818

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ADULT DAY CARE AND ADULT DAY HEALTH PROGRAMS

STATUTORY AUTHORITY:

GS 131D-6

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

ADULT DAY CARE AND ADULT DAY HEALTH PROGRAMS MUST COMPLY WITH ADMINISTRATIVE CODE RULES THAT PROTECT THE HEALTH, SAFETY AND WELFARE OF PARTICIPANTS WHICH INCLUDE STANDARDS RELATING TO THE MANAGEMENT OF THE PROGRAM, STAFFING REQUIREMENTS, BUILDING REQUIREMENTS, FIRE SAFETY, SANITATION, NUTRITION, AND PROGRAM ACTIVITIES.

HANDICAPPED PARKING

PURPOSE:

HANDICAPPED PLACARD REGISTRATION

DEPARTMENT:

HEALTH AND HUMAN SERVICES

DIVISION:

VOCATIONAL REHABILITATION SERVICES

ADDRESS:

2801 MAIL SERVICE CENTER, RALEIGH, NC 27699-2801

CONTACT:

GEORGE MCCOY, AT THE ABOVE ADDRESS

TELEPHONE:

919-855-3500

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PLACARD PERMIT (MAKE ALLOWABLE TO PARK MULTI-PASSENGER VANS IN DESIGNATED HANDICAPPED PARKING) PLACARD IS NOT FOR VAN, BUT FOR THE DISABLED PERSON BEING TRANSPORTED

STATUTORY AUTHORITY:

GS 20-37.6(C)

APPLICATION FORM TITLE:

FORM MVR-37A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AS LONG AS MULTI-PASSENGER VAN OR BUS IS USED TO TRANSPORT GROUPS OF HANDICAPPED INDIVIDUALS

FEES:

INITIAL: NONE FOR PERMIT APPROVAL - PLACARD COSTS \$5.00

RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

DOCUMENTATION THAT VAN IS USED TO TRANSPORT MULTI-PASSENGERS WHO ARE HANDICAPPED OR VISUALLY IMPAIRED; WHEN VAN IS USED WITHOUT THE DISABLED PERSON, PLACARD DOES NOT COVER VAN BEING PARKED IN DESIGNATED SPACE.

INSURANCE AGENT/LIFE AND HEALTH

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIFE AND HEALTH LICENSE

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NAIC APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$30.00 REGISTRATION FEE--NONREFUNDABLE

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER;
40 HOURS OF PRELICENSING EDUCATION; PASS THE STATE EXAM; MUST MEET
12 HOURS OF CONTINUING EDUCATION ANNUALLY; MUST BE APPOINTED BY
INSURANCE COMPANY BEFORE SOLICITING OR NEGOTIATING INSURANCE

INSURANCE AGENT/PROPERTY AND LIABILITY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROPERTY AND LIABILITY LICENSE

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NAIC APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$30.00 REGISTRATION FEE--NONREFUNDABLE

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; TAKE 40 HOURS OF PRELICENSING EDUCATION; PASS THE STATE EXAM; MUST MEET 12 HOURS OF CONTINUING EDUCATION ANNUALLY; MUST BE APPOINTED BY INSURANCE COMPANY BEFORE SOLICITING OR NEGOTIATING INSURANCE

INSURANCE AGENT/TITLE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TITLE INSURANCE LICENSE

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-4 UNIFORM APPLICATION FOR LIMITED LINES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$30.00 REGISTRATION FEE--NONREFUNDABLE

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; PASS
THE STATE EXAM; MUST BE APPOINTED BY INSURANCE COMPANY BEFORE
SOLICITING OR NEGOTIATING INSURANCE

INSURANCE AGENT/AUTOMOBILE PHYSICAL DAMAGE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NC-4 UNIFORM APPLICATION FOR LIMITED LINES

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

C1 NORTH CAROLINA INSURANCE LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$30.00 REGISTRATION FEE

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; PASS THE STATE EXAM; MUST BE APPOINTED BY INSURANCE COMPANY BEFORE SOLICITING OR NEGOTIATING INSURANCE

LIMITED REP/MOTOR CLUB

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR CLUB

STATUTORY AUTHORITY:

GS 58-33-26(G) (4)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20.00 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; MUST
HAVE SPONSORING COMPANY

LIMITED REP/CREDIT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CREDIT

STATUTORY AUTHORITY:

GS 58-33-26(G) (2)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20.00 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; MUST
HAVE SPONSORING COMPANY

LIMITED REP LIFE/ACCIDENT/HEALTH

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CREDIT LIFE, ACCIDENT & HEALTH

STATUTORY AUTHORITY:

GS 58-33-26(G) (3)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20.00 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; MUST
HAVE SPONSORING COMPANY

LIMITED REP/TRAVEL/ACCIDENT/BAGGAGE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TRAVEL, ACCIDENT & BAGGAGE

STATUTORY AUTHORITY:

GS 58-33-26(G) (6)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20.00 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; MUST
HAVE SPONSORING COMPANY

HAIL ADJUSTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HAIL ADJUSTER

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-3 UNIFORM APPLICATION FOR ADJUSTERS & APPRAISERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20 LICENSE FEE

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; PASS
THE STATE EXAM

PUBLIC ADJUSTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC ADJUSTER

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-3 UNIFORM APPLICATION FOR ADJUSTERS & APPRAISERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, PLUS \$75.00 LICENSE BILLED TO
TO INSURER

RENEWAL: \$75.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; PASS
THE STATE EXAM; MUST MEET 12 HOURS OF CONTINUING EDUCATION ANNUALLY

SELF-EMPLOYED ADJUSTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SELF-EMPLOYED ADJUSTER

STATUTORY AUTHORITY:

GS 58-33-26(A); 11 NCAC 6A.0900

APPLICATION FORM TITLE:

NC-3 UNIFORM APPLICATION FOR ADJUSTERS & APPRAISERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS RENEWED

FEES:

INITIAL: \$30.00 REGISTRATION FEE PLUS \$75.00 LICENSE

RENEWAL: \$75.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; PASS THE STATE EXAM; MUST MEET 12 HOURS OF CONTINUING EDUCATION ANNUALLY

MOTOR VEHICLE DAMAGE APPRAISER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE DAMAGE APPRAISER

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-3 UNIFORM APPLICATION FOR ADJUSTERS & APPRAISERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS RENEWED

FEES:

INITIAL: \$30.00 REGISTRATION FEE PLUS \$75.00 LICENSE

RENEWAL: \$75.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER

CORPORATE SURPLUS LINES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CORPORATION SURPLUS LINES

STATUTORY AUTHORITY:

GS 58-33-26(J)

APPLICATION FORM TITLE:

NC-CP UNIFORM APPLICATION FOR CORPORATION/PARTNERSHIP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED APRIL 1ST OF EACH YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

IF NC DOMICILE, A COPY OF ARTICLES OF INCORPORATION REQUIRED; IF
FOREIGN CORPORATION, MUST SUBMIT COPY OF CERTIFICATE OF AUTHORITY AND
CURRENT LETTER OF CERTIFICATION FROM HOME STATE

PARTNERSHIP INSURANCE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PARTNERSHIPS

STATUTORY AUTHORITY:

GS 58-33-26(J)

APPLICATION FORM TITLE:

NC-CP UNIFORM APPLICATION FOR CORPORATION/PARTNERSHIP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED APRIL 1ST OF EACH YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

CERTIFIED COPY OF THE FILING WITH THE COUNTY REGISTER OF DEEDS WHERE
THE PARTNERSHIP BUSINESS IS BEING CONDUCTED

INSURANCE BROKER/NONRESIDENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NON-RESIDENT INSURANCE BROKER

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-1 UNIFORM APPLICATION FOR INDIVIDUAL LICENSE/BROKER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED APRIL 1ST OF EACH YEAR

FEES:

INITIAL: \$ 50.00 MOST STATES (FEES ARE SUBJECT TO
RETALIATORY PROVISION)

RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

MUST HOLD NC NON-RESIDENT AGENT LICENSE; MUST BE LICENSED IN HOME STATE
FOR LINES TO BE BROKERED; MUST SUBMIT TO AGENT SERVICES A HOME STATE
CERTIFICATE FROM STATE OF RESIDENCE; MUST SECURE AND KEEP ON FILE WITH
AGENT SERVICES A BOND IN THE AMOUNT OF \$15,000; MUST HAVE AT LEAST
ONE COMPANY APPOINTMENT.

INSURANCE BROKER/RESIDENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RESIDENT BROKERS

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-1 UNIFORM APPLICATION FOR INDIVIDUAL LICENSE/BROKER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED APRIL 1ST OF EACH YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

MUST HOLD INSURANCE AGENT LICENSE; MUST SECURE A BOND & FILE WITH
AGENT SERVICES DIVISION IN AMOUNT OF \$15,000; MUST HAVE AT LEAST
ONE COMPANY APPOINTMENT

SURPLUS LINES NONRESIDENT AGENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NONRESIDENT SURPLUS LINES LICENSE

STATUTORY AUTHORITY:

GS 58-21-1 THROUGH GS 58-21-105

APPLICATION FORM TITLE:

NC-SL UNIFORM APPLICATION FOR SURPLUS LINES INDIVIDUAL LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED AUGUST 31ST OF EACH YEAR

FEES:

INITIAL: \$50.00 LICENSE FEE

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

MUST HOLD A PROPERTY & LIABILITY LICENSE AND AT LEAST ONE COMPANY
APPOINTMENT; \$10,000 BOND REQUIRED; MUST PROVIDE PROOF OF AUTHORITY
IN HOME STATE BY CURRENT LETTER OF CERTIFICATION

FOREIGN MILITARY SALES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FOREIGN MILITARY LICENSE

STATUTORY AUTHORITY:

GS 58-33-15

APPLICATION FORM TITLE:

FOREIGN MILITARY SALES AGENT LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (APRIL 1 - MARCH 31)

FEES:

INITIAL: \$20.00 LICENSE FEE

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

SPONSORING COMPANY CERTIFIES AGENT'S TRAINING IN LIFE AND HEALTH
INSURANCE

PREMIUM FINANCE COMPANY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

430 N. SALISBURY STREET, PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2200

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PREMIUM FINANCE COMPANY

STATUTORY AUTHORITY:

GS 58, ARTICLE 35

APPLICATION FORM TITLE:

NORTH CAROLINA PREMIUM FINANCE COMPANY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$300.00 A TYPE; \$1,200.00 B TYPE; \$50.00 BRANCH OFFICE
\$250.00 APPLICATION FEE FOR A & B TYPE
RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

A TYPE \$5,000 MINIMUM BOND REQUIRED; B TYPE \$25,000 BOND REQUIRED

PROFESSIONAL BAIL BONDSMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2200

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROFESSIONAL BAIL BONDSMAN

STATUTORY AUTHORITY:

GS 58, ARTICLE 71

APPLICATION FORM TITLE:

BAIL BONDSMAN/RUNNER APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$100.00 (NON-REFUNDABLE); \$25.00 EXAMINATION FEE;
\$38.00 FINGERPRINT FEE
RENEWAL: \$100.00 (NON-REFUNDABLE)

REQUIREMENTS OTHER THAN FEE:

MINIMUM SECURITY DEPOSIT OF \$5,000 REQUIRED; MUST PASS A WRITTEN
EXAMINATION; 18 YEARS OF AGE; LEGAL RESIDENCE; MUST NEVER HAVE BEEN
CONVICTED OF A FELONY; 12 HOURS OF PRE-LICENSING EDUCATION; 6 HOURS OF
CONTINUING EDUCATION

MOTOR CLUB

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES, MOTOR CLUB ADMINISTRATOR AT
THE ABOVE ADDRESS

TELEPHONE:

919-733-2200

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR CLUBS

STATUTORY AUTHORITY:

GS 58, ARTICLE 69

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE AS MOTOR CLUBS & ASSOCIATIONS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

MOTOR CLUB	\$300.00 ANNUAL (NON-REFUNDABLE)
FRANCHISE MOTOR CLUB	\$100.00 ANNUAL (NON-REFUNDABLE)
DISTRICT OR BRANCH OFFICE	\$ 50.00 ANNUAL (NON-REFUNDABLE)

REQUIREMENTS OTHER THAN FEE:

BOND REQUIRED. ALSO, IF APPLICANT HAS NEVER BEEN ISSUED A MOTOR CLUB LICENSE, AN AUDITED FINANCIAL STATEMENT MUST BE SUBMITTED. IF APPLICANT WAS PREVIOUSLY LICENSED, THE COMMISSIONER MAY REQUIRE THAT THE FINANCIAL STATEMENT BE AUDITED IF IT IS NECESSARY TO DETERMINE WHETHER A LICENSE SHOULD BE ISSUED TO THE APPLICANT.

BAIL BOND RUNNER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2200

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BAIL BOND RUNNER

STATUTORY AUTHORITY:

GS 58, ARTICLE 71

APPLICATION FORM TITLE:

BAIL BONDSMAN/BAIL BOND RUNNER LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$60.00 (NON-REFUNDABLE)

\$25.00 EXAMINATION FEE, \$38.00 FINGERPRINT FEE

RENEWAL: \$60.00 (NON-REFUNDABLE)

REQUIREMENTS OTHER THAN FEE:

MUST PASS WRITTEN EXAMINATION; 18 YEARS OF AGE; LEGAL RESIDENCE; MUST
NEVER HAVE BEEN CONVICTED OF A FELONY; 12 HOURS OF PRE-LICENSING
EDUCATION; 6 HOURS OF CONTINUING EDUCATION

COLLECTION AGENCY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2200

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COLLECTION AGENCY

STATUTORY AUTHORITY:

GS 58, ARTICLE 70

APPLICATION FORM TITLE:

NORTH CAROLINA COLLECTION AGENCY PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$500.00 (NON-REFUNDABLE)

RENEWAL: \$500.00 (NON-REFUNDABLE)

REQUIREMENTS OTHER THAN FEE:

\$5,000 MINIMUM BOND REQUIRED

LIMITED REP/DENTAL SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DENTAL SERVICES

STATUTORY AUTHORITY:

GS 58-33-26(G) (1)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER;
MUST HAVE SPONSORING COMPANY

INSURANCE AGENT/MEDICARE SUPP./LONG TERM

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MEDICARE SUPPLEMENT AND LONG-TERM CARE INSURANCE LICENSE

STATUTORY AUTHORITY:

GS 58-33-26(A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: \$30.00 REGISTRATION FEE NONREFUNDABLE

REQUIREMENTS OTHER THAN FEE:

18 YEARS OR MORE OF AGE; GOOD CHARACTER; TAKE 10 HOURS OF
PRELICENSING EDUCATION; PASS THE STATE EXAM; MUST BE LICENSED
AS LIFE & HEALTH AGENT; MUST BE APPOINTED BY INSURANCE
COMPANY BEFORE SOLICITING OR NEGOTIATING INSURANCE.

RENTAL CAR COMPANY INSURANCE AGENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LIMITED LICENSE FOR RENTAL CAR COMPANIES

STATUTORY AUTHORITY:

GS 58-33-17

APPLICATION FORM TITLE:

RC-1-91 APPLICATION FOR LIMITED INSURANCE LICENSE
FOR RENTAL CAR COMPANIES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$50.00

REQUIREMENTS OTHER THAN FEE:

- 1) WRITTEN APPLICATION SIGNED BY AN OFFICER OF THE APPLICANT.
- 2) A CERTIFICATE BY THE INSURER TO BE NAMED IN THE LIMITED LICENSE, STATING THAT IT HAS SATISFIED ITSELF THAT THE NAMED APPLICANT IS TRUSTWORTHY AND COMPETENT TO ACT AS ITS INSURANCE AGENT FOR THIS LIMITED PURPOSE AND THAT THE INSURER WILL APPOINT THE APPLICANT TO ACT AS THE AGENT IN REFERENCE TO THE DOING OF SUCH KIND OR KINDS OF INSURANCE AS ARE PERMITTED.
- 3) COPIES OF ALL BROCHURES AND TRAINING PROGRAMS MUST BE SUBMITTED FOR APPROVAL.

LIMITED REP/CREDIT PROPERTY/VENDOR SINGLE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CREDIT PROPERTY INSURANCE AND VENDOR SINGLE INTEREST (VSI)

STATUTORY AUTHORITY:

GS 58-33-26(G) (3)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER.

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20.00 APPOINTMENT FEE (BILLED TO
COMPANY)

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER;
MUST HAVE SPONSORING COMPANY

LIMITED REP/CREDIT UNEMPLOYMENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CREDIT UNEMPLOYMENT

STATUTORY AUTHORITY:

GS 58-33-26(G) (3)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER.

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20.00 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER;
MUST HAVE SPONSORING COMPANY

COMPANY ADJUSTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMPANY ADJUSTER

STATUTORY AUTHORITY:

GS 58-33-26(A)

APPLICATION FORM TITLE:

NC-3 UNIFORM APPLICATION FOR ADJUSTERS & APPRAISERS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, PLUS \$75.00 LICENSE (BILLED TO INSURER)

RENEWAL: \$75.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; PASS THE STATE EXAM; MUST MEET 12 HOURS OF CONTINUING EDUCATION ANNUALLY.

CORPORATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CORPORATION

STATUTORY AUTHORITY:

GS 58-33-26(J)

APPLICATION FORM TITLE:

NAIC APPLICATION FOR CORPORATE/PARTNERSHIP INSURANCE AGENT LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED APRIL 1ST OF EACH YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

IF NC DOMICILE, A COPY OF ARTICLES OF INCORPORATION REQUIRED; IF
FOREIGN CORPORATION, MUST SUBMIT COPY OF CERTIFICATE OF AUTHORITY AND
CURRENT LETTER OF CERTIFICATION FROM HOME STATE.

SURPLUS LINES RESIDENT AGENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RESIDENT SURPLUS LINES LICENSE

STATUTORY AUTHORITY:

GS 58-21-1 THROUGH GS 58-21-105

APPLICATION FORM TITLE:

NC-SL UNIFORM APPLICATION FOR SURPLUS LINES INDIVIDUAL LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWED AUGUST 31ST OF EACH YEAR

FEES:

INITIAL: \$50.00 LICENSE FEE

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

MUST HOLD A PROPERTY & LIABILITY LICENSE AND AT LEAST ONE COMPANY
APPOINTMENT; MUST PASS A STATE EXAM; \$10,000 BOND REQUIRED; MUST
MAINTAIN MEMBERSHIP IN SURPLUS LINES ASSOCIATION.

VIATICAL SETTLEMENT BROKER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VIATICAL SETTLEMENT BROKER

STATUTORY AUTHORITY:

GS 58-58-210(A)

APPLICATION FORM TITLE:

NC-VB APPLICATION FOR VIATICAL SETTLEMENT BROKER-INDIVIDUAL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS RENEWED

FEES:

INITIAL: \$50.00 REGISTRATION FEE NONREFUNDABLE

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION AND POWER OF ATTORNEY; 18 YEARS OR MORE OF AGE;
GOOD CHARACTER. NONRESIDENTS MUST SUBMIT CURRENT LETTER OF
CERTIFICATION VERIFYING LICENSURE IN HOME STATE OR FROM ANOTHER STATE
WHERE LICENSED FOR THIS AUTHORITY.

PURCHASING GROUP AGENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PURCHASING GROUP

STATUTORY AUTHORITY:

GS 58-22-60

APPLICATION FORM TITLE:

NC-PG APPLICATION FOR PURCHASING GROUP/RISK RETENTION LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES EXPIRE AUGUST 31 EACH YEAR UNLESS RENEWED

FEES:

INITIAL: \$50.00 REGISTRATION FEE PER PURCHASING GROUP

RENEWAL: \$50.00 PER PURCHASING GROUP

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER.

APPLICANT MUST BE REPRESENTING A GROUP THAT HAS BEEN APPROVED THROUGH FINANCIAL COMPLIANCE DIVISION. MUST BE LICENSED AS A PROPERTY &

LIABILITY AGENT IN THEIR HOME STATE (CERTIFICATION LETTER REQUIRED).

APPLICANT MUST SECURE A BOND (\$10,000 MINIMUM).

LIMITED REP/PRE-NEED LIFE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRE-NEED LIFE

STATUTORY AUTHORITY:

GS 58-33-26(G) (5)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR
UNLESS RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20 APPOINTMENT FEE (BILLED
TO COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER

LIMITED REP/VEHICLE SERVICE/MECHANICAL BREAK

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRLEY H. WILLIAMS AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7487

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VEHICLE SERVICE/MECHANICAL BREAKDOWN

STATUTORY AUTHORITY:

GS 58-33-26(G) (7)

APPLICATION FORM TITLE:

NC-2 UNIFORM APPLICATION FOR LIMITED REPRESENTATIVE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ALL LIMITED REPRESENTATIVE LICENSES EXPIRE MARCH 31 EACH YEAR UNLESS
RENEWED BY INSURER

FEES:

INITIAL: \$30.00 REGISTRATION FEE, \$20 APPOINTMENT FEE (BILLED TO
COMPANY)

RENEWAL: \$20.00

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER

SURETY BONDSMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

AGENT SERVICES

ADDRESS:

PO BOX 26267, RALEIGH, NC 27611

CONTACT:

SHIRELY H. JONES AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2200

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SURETY BAIL BONDS

STATUTORY AUTHORITY:

GS 58-71

APPLICATION FORM TITLE:

BAIL BONDSMAN/BAIL BOND RUNNER LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (EXPIRES JUNE 30)

FEES:

INITIAL: \$100.00 APPLICATION FEE, \$25.00 EXAMINATION FEE, \$38.00
FINGERPRINT FEE (NON-REFUNDABLE)
RENEWAL: \$100.00 (NON-REFUNDABLE)

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION; 18 YEARS OR MORE OF AGE; GOOD CHARACTER; MUST
PASS SURETY EXAM AND BACKGROUND INVESTIGATION BY SPECIAL SERVICES
DIVISION; 12 HOURS OF PRE-LICENSING EDUCATION; 6 HOURS OF CONTINUING
EDUCATION; MUST NEVER HAVE BEEN CONVICTED OF FELONY

CODE ENFORCEMENT OFFICIALS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

ENGINEERING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

MIKE PAGE AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROBATIONARY CERTIFICATE; LIMITED CERTIFICATE; STANDARD CERTIFICATE

STATUTORY AUTHORITY:

GS 143, ARTICLE 9C

APPLICATION FORM TITLE:

APPLICATION FOR PROBATIONARY CERTIFICATE; APPLICATION FOR LIMITED
CERTIFICATE; APPLICATION FOR STANDARD CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PROBATIONARY 2 YEAR (NON-RENEWABLE); LIMITED CERTIFICATE - 1 YEAR
(RENEWABLE); STANDARD CERTIFICATE - 1 YEAR (RENEWABLE)

FEES:

INITIAL: \$20.00

RENEWAL: \$10.00 (LIMITED AND STANDARD CERTIFICATES)

REQUIREMENTS OTHER THAN FEE:

HIGH SCHOOL DIPLOMA OR GED; PRACTICAL EXPERIENCE; COURSES AS REQUIRED
BY THE BOARD; STATE EXAMINATION

SELF-INSURED WORKERS' COMPENSATION ENTITY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

RON ENNIS AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633 EXT. 250

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE GRANTED TO AN INDIVIDUAL EMPLOYER WHO IS AUTHORIZED TO SELF-INSURE ITS WORKERS' COMPENSATION LIABILITIES UNDER ARTICLE 5 OF CHAPTER 97 OF THE GENERAL STATUTES

STATUTORY AUTHORITY:

GS 97-170

APPLICATION FORM TITLE:

INDIVIDUAL EMPLOYERS SELF-INSURED FOR WORKERS' COMPENSATION-APPLICATION TO SELF-INSURE (FORM 10-WC)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION PACKAGE THAT INCLUDES ALL OF THE FILING REQUIREMENTS AS SPECIFIED BY ARTICLE 5 OF THE GENERAL STATUTES. THIS PACKAGE IS TO BE FILED AT LEAST 90 DAYS BEFORE THE DESIRED EFFECTIVE DATE OF SELF-INSURANCE.

SELF-INSURED WORKERS' COMPENSATION GROUPS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

HELEN SMITH AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE GRANTED TO TWO OR MORE EMPLOYERS WHO AGREE TO POOL THEIR
WORKERS' COMPENSATION LIABILITIES UNDER ARTICLE 47 OF CHAPTER 58 OF
THE GENERAL STATUTES

STATUTORY AUTHORITY:

GS 58-47-65

APPLICATION FORM TITLE:

THERE IS NO STANDARD APPLICATION FORM FOR EMPLOYER GROUP FUNDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

COMPLETED APPLICATION BY A QUALIFIED APPLICANT PURSUANT TO GS 58-47-65

CONTINUING CARE RETIREMENT COMMUNITIES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

JEFF TRENDL AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 268

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONTINUING CARE RETIREMENT COMMUNITY LICENSE

STATUTORY AUTHORITY:

GS 58-64-5

APPLICATION FORM TITLE:

APPLICATION FOR CONTINUING CARE RETIREMENT COMMUNITY LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL (GS 58-64-10)

FEES:

APPLICATION: \$200.00

ANNUAL DISCLOSURE STATEMENT FILING FEE: \$100.00

REQUIREMENTS OTHER THAN FEE:

COMPLY WITH PROVISION OF GS 58-64-5

APPROVE CONTRACTS WITH MGAS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27615

CONTACT:

HELEN SMITH AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

APPROVAL OF THE MGA CONTRACT BY NCDOI

STATUTORY AUTHORITY:

GS 58-34-2(D), (E), (I), (J) & (M)

APPLICATION FORM TITLE:

LETTER (APPROVING OR DISAPPROVING "THE MGA CONTRACT")

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL, AS LONG AS IN COMPLIANCE WITH MGA CONTRACT STATUTE

FEES:

NONE (A CIVIL PENALTY AGAINST THE MGA FOR NON-COMPLIANCE WITH STATUTE
CAN BE PLACED BY THE COMMISSIONER)

REQUIREMENTS OTHER THAN FEE:

COMPLY WITH PROVISIONS OF GS 58-34

LOCAL GOVERNMENT RISK POOLS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

HELEN SMITH AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 235

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

STATUTORY AUTHORITY:

GS 58-23

APPLICATION FORM TITLE:

ONLY 30 DAY WRITTEN NOTIFICATION REQUIRED BY POOL FORMING

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

MEET PROVISIONS OF GS 58-23 AND OTHER APPLICABLE PROVISIONS OF CHAPTER

REINSURANCE INTERMEDIARIES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27615

CONTACT:

DEBBIE WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 245

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REINSURANCE INTERMEDIARY BROKER OR MANAGER LICENSE

STATUTORY AUTHORITY:

GS 58-9

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE OR EXEMPTION AS A REINSURANCE INTERMEDIARY
REINSURANCE INTERMEDIARY ANNUAL RENEWAL APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

COMPLY WITH PROVISIONS OF GS 58-9

INSURANCE COMPANIES - INITIAL LICENSE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

ROBERT M. STAMEY, COMPANY ADMISSIONS OFFICER AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 239

OFFICE HOURS:

8:30 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INITIAL LICENSE (CERTIFICATE OF AUTHORITY)

(NOTE: RENEWAL LICENSES ISSUED BY FINANCIAL ANALYSIS SECTION)

STATUTORY AUTHORITY:

GS 58-7; GS 58-16

APPLICATION FORM TITLE:

APPLICATION FOR ADMISSION, UCAA EXPANSION APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL, IF IN CONTINUED COMPLIANCE WITH SOLVENCY REQUIREMENTS
AND OTHER STATUTES AND RULES

FEES:

\$250.00 INITIAL FILING FEE FOR ADMISSION CONSIDERATION (NON-REFUNDABLE)
\$1,000.00 ANNUAL LICENSE FEE (LIFE CO., FIRE CO. OR CASUALTY CO.)
\$1,100.00 ANNUAL LICENSE FEE (FIRE & CASUALTY CO.)
REQUIRED TAX ON PREMIUMS RECEIVED FROM CO.'S NC POLICYHOLDERS, ETC.

REQUIREMENTS OTHER THAN FEE:

COMPANY MUST COMPLY WITH STATUTORY ADMISSION REQUIREMENTS: COMPLIANCE
WITH GS 58-16, INCLUDING SUCCESSFUL INSURANCE OPERATIONS; OR ACCEPTABLE
GUARANTEE FROM A PARENT OR AFFILIATE; OR IF A START-UP INSURER, AN
ACCEPTABLE PROJECTION FOR PROFITABILITY AS SPECIFIED BY STATUTE,
REGULATIONS, & GUIDELINES, ETC.

LIABILITY INSURER/RISK RETENTION GROUPS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

THOMAS L. WILKINS, COMPANY ADMISSIONS SECTION AT THE ABOVE ADDRESS
JEFF TRENDEL, CONTINUING CARE SECTION AT THE ABOVE ADDRESS

TELEPHONE:

WILKINS 919-733-5633, EXTENSION 238
TRENDEL 919-733-5633, EXTENSION 268

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INITIAL: INITIAL REGISTRATION BY COMPANY ADMISSIONS SECTION
RENEWAL: RENEWAL REGISTRATION BY CONTINUING CARE SECTION

STATUTORY AUTHORITY:

US DEPT. OF COMMERCE, FEDERAL RISK RETENTION ACT OF 1986 (15 USC, 3901)
GS 58-22

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL, IF SOLVENCY CONTINUES

FEES:

\$250.00 INITIAL REGISTRATION FEE (NON-REFUNDABLE)
\$1,000.00 ANNUAL RENEWAL REGISTRATION FEE
REQUIRED TAX ON PREMIUMS RECEIVED FROM CO.'S NC POLICYHOLDERS, ETC.

REQUIREMENTS OTHER THAN FEE:

COMPANY (RISK RETENTION GROUP) CAN WRITE COVERAGE ONLY FOR LIABILITY
RISKS, NOT PROPERTY RISKS.

PURCHASING GROUPS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

SUSAN W. AUSTIN OR THOMAS WILKINS AT THE ABOVE ADDRESS

TELEPHONE:

AUSTIN 919-733-5633, EXTENSION 237

WILKINS 919-733-5633, EXTENSION 238

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INITIAL: LETTER OF REGISTRATION

RENEWAL: (NOTE: REGISTRATION IS CONTINUAL UPON GROUP'S ANNUAL
SUBMITTANCE OF UPDATE DATA)

STATUTORY AUTHORITY:

US DEPT. OF COMMERCE, FEDERAL RISK RETENTION ACT OF 1986 (15 USC, 3901)
GS 58-22

APPLICATION FORM TITLE:

INITIAL: PURCHASING GROUP NOTICE & REGISTRATION

RENEWAL: PURCHASING GROUP UPDATE FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL UPON PAYMENT OF ANNUAL RENEWAL FEE

FEES:

\$50.00 INITIAL REGISTRATION FEE (NON-REFUNDABLE)

\$50.00 ANNUAL RENEWAL FEE

REQUIRED TAX ON PREMIUMS RECEIVED FROM CO.'S NC GROUP MEMBERS PER NCGS
58-22-35

REQUIREMENTS OTHER THAN FEE:

GROUP CAN PURCHASE COVERAGE FOR ITS MEMBERS ONLY.

GROUP CAN PURCHASE COVERAGE FOR ONLY THE LIABILITY RISKS OF ITS
MEMBERS, THUS NOT FOR PROPERTY RISKS OF ITS MEMBERS.

GROUP MUST PURCHASE LIABILITY COVERAGE FROM EITHER LIABILITY INSURERS
LICENSED IN NC, SURPLUS LINES INSURERS WRITING LIABILITY & AUTHORIZED
IN NC, OR RISK RETENTION GROUPS REGISTERED IN NC

SURPLUS LINES INSURERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

ROBERT STAMEY OR THOMAS WILKINS AT THE ABOVE ADDRESS..FOR INITIAL
AUTHORIZATION OF S/L COMPANY
LISA ZIMMERMAN AT THE ABOVE ADDRESS..FOR RENEWAL AUTHORIZATION OF S/L
COMPANY

TELEPHONE:

STAMEY 919-733-5633, EXTENSION 239
ZIMMERMAN 919-733-5633, EXTENSION 225
WILKINS 919-733-5633, EXTENSION 238

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INITIAL: LETTER OF ELIGIBILITY
RENEWAL: NOTE: ELIGIBILITY IS CONTINUAL UNTIL S/L COMPANY REPORTS
UNDER \$15 MILLION MINIMUM REQUIRED EQUITY (CAPITAL + SURPLUS)

STATUTORY AUTHORITY:

GS 58-21

APPLICATION FORM TITLE:

INITIAL: APPLICATION FOR SURPLUS LINES ELIGIBILITY
RENEWAL: SURPLUS LINES UPDATE FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL ON JANUARY 1

FEES:

\$250.00 INITIAL FILING FEE (NON-REFUNDABLE)
\$500.00 ANNUAL RENEWAL FEE

REQUIREMENTS OTHER THAN FEE:

EQUITY (CAPITAL + SURPLUS) MUST EQUAL AT LEAST \$15 MILLION CONTINUALLY.
ALIEN S/L INSURERS MUST BE LISTED ON THE NAIC'S QUARTERLY LIST OF ALIEN
S/L INSURERS

ACCREDITED REINSURERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

ROBERT STAMEY OR THOMAS WILKINS AT THE ABOVE ADDRESS..FOR INITIAL
AUTHORITY

DEBBIE WALKER AT THE ABOVE ADDRESS..FOR RENEWAL AUTHORITY

TELEPHONE:

STAMEY 919-733-5633, EXTENSION 239

WILKINS 919-733-5633, EXTENSION 238

WALKER 919-733-5633, EXTENSION 245

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INITIAL: LETTER OF AUTHORITY

STATUTORY AUTHORITY:

GS 58-7-21(B) (2)

APPLICATION FORM TITLE:

INITIAL: APPLICATION FOR ACCREDITED REINSURER

RENEWAL: ACCREDITED REINSURER RENEWAL APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL OR UNTIL EQUITY (CAPITAL + SURPLUS) DECLINES BELOW

REQUIRED CONTINUAL MINIMUM OF \$20 MILLION

FEES:

\$500.00 INITIAL FILING FEE (NON-REFUNDABLE)

\$500.00 ANNUAL RENEWAL FEE

REQUIREMENTS OTHER THAN FEE:

EQUITY (CAPITAL + SURPLUS) MUST EQUAL AT LEAST \$20 MILLION CONTINUALLY

PROFESSIONAL EMPLOYER ORGANIZATIONS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

RON ENNIS AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 250

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION

STATUTORY AUTHORITY:

GS 58-89-15

APPLICATION FORM TITLE:

PROFESSIONAL EMPLOYER ORGANIZATION REGISTRATION APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

APPLICATION: \$250.00

REQUIREMENTS OTHER THAN FEE:

COMPLY WITH PROVISIONS OF GS 58-89

INSURANCE COMPANIES RENEWAL LICENSE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

FINANCIAL EVALUATION - FINANCIAL ANALYSIS

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

DEBBIE WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5633, EXTENSION 245

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INSURANCE COMPANY CERTIFICATE OF AUTHORITY (RENEWAL)

STATUTORY AUTHORITY:

GS 58

APPLICATION FORM TITLE:

APPLICATION FOR RENEWAL LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

RENEWAL: LIFE CO., FIRE CO. OR CASUALTY CO. - \$1,000.00; MULTIPLE
LINE FIRE AND CASUALTY CO. - \$1,100.00; COUNTY FARM MUTUALS -
\$25.00; HMO - \$1,000.00; MEDICAL SERVICE CORP. - \$1,000.00

REQUIREMENTS OTHER THAN FEE:

MUST CONTINUE TO SATISFY REQUIREMENT OF GS CHAPTER 58

THIRD PARTY ADMINISTRATORS

PURPOSE:

TO PROVIDE FOR THE REGISTRATION AND REGULATION OF THIRD PARTY
ADMINISTRATORS (SELF-FUNDED AND FULLY FUNDED PLANS)

DEPARTMENT:

INSURANCE

DIVISION:

LIFE AND HEALTH

ADDRESS:

430 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: PO BOX 26387, RALEIGH, NC 27611

CONTACT:

LOUIS BELO AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5060

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTRATION (SELF-FUNDED) AND CERTIFICATE OF LICENSURE
(FULLY-FUNDED)

STATUTORY AUTHORITY:

GS 58-56

APPLICATION FORM TITLE:

APPLICATION FOR ADMINISTRATOR LICENSURE AND APPLICATION FOR
ADMINISTRATOR REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$100.00

REQUIREMENTS OTHER THAN FEE:

SEE TPATRN.980201

SEE TPAREGERISATRN.980201

VIATICAL SETTLEMENT PROVIDERS

PURPOSE:

TO PROVIDE FOR THE REGISTRATION AND REGULATION OF VIATICAL PROVIDERS

DEPARTMENT:

INSURANCE

DIVISION:

LIFE AND HEALTH

ADDRESS:

430 NORTH SALISBURY STREET, RALEIGH, NC 27603

MAILING ADDRESS: PO BOX 26387, RALEIGH, NC 27611

CONTACT:

LOUIS BELO AT THE ABOVE ADDRESS

TELEPHONE:

919-733-5060

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 58-58

APPLICATION FORM TITLE:

VIATICAL PROVIDER REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL CANCELED

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

SEE VTRN.970501 FOR CHECKLIST

HEALTH MAINTENANCE ORGANIZATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANAGED CARE AND HEALTH BENEFITS

ADDRESS:

111 SEABOARD AVENUE, RALEIGH, NC 27604

CONTACT:

NANCY O'DOWD, DEPUTY COMMISSIONER AT THE ABOVE ADDRESS

TELEPHONE:

919-715-0526

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HEALTH MAINTENANCE ORGANIZATION (HMO)

STATUTORY AUTHORITY:

GS 58-67-10

APPLICATION FORM TITLE:

HEALTH MAINTENANCE ORGANIZATION APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

\$250.00 FOR APPLICATION; (\$1,000.00 LICENSE RENEWAL COLLECTED BY
FINANCIAL EVALUATION DIVISION)

REQUIREMENTS OTHER THAN FEE:

SEE STATUTORY REQUIREMENTS REFERENCED ABOVE

MULTIPLE EMPLOYER WELFARE ARRANGEMENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANAGED CARE AND HEALTH BENEFITS

ADDRESS:

111 SEABOARD AVENUE, RALEIGH, NC 27604

CONTACT:

NANCY O'DOWD, DEPUTY COMMISSIONER AT THE ABOVE ADDRESS

TELEPHONE:

919-715-0526

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MULTIPLE EMPLOYER WELFARE ARRANGEMENTS (MEWA)

STATUTORY AUTHORITY:

GS 58-49-35 AND 40

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE FOR MULTIPLE EMPLOYER WELFARE ARRANGEMENT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

NO FEE FOR MEWA

REQUIREMENTS OTHER THAN FEE:

SEE STATUTORY REQUIREMENTS REFERENCED ABOVE

PREFERRED PROVIDER ORGANIZATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANAGED CARE AND HEALTH BENEFITS

ADDRESS:

111 SEABOARD AVENUE, RALEIGH, NC 27604

CONTACT:

NANCY O'DOWD, DEPUTY COMMISSIONER AT THE ABOVE ADDRESS

TELEPHONE:

919-715-0526

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PPOS MUST COMPLY WITH NCGS 58-50-56 & 58-3-191

STATUTORY AUTHORITY:

GS 58-50-56 & 58-3-191

APPLICATION FORM TITLE:

REPORTING FORM IS "PPO ANNUAL FILING"

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL, WHILE CONTINUING TO COMPLY WITH STATUTES ABOVE

FEES:

NONE (FINES CAN BE LEVIED)

REQUIREMENTS OTHER THAN FEE:

COMPLY WITH NCGS 58-50-56 & 58-3-191

MANUFACTURED HOME SALESMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANUFACTURED BUILDING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

PATRICK WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MANUFACTURED HOME SALESMAN

STATUTORY AUTHORITY:

GS 143-143.8 - GS 143-143.25

APPLICATION FORM TITLE:

MANUFACTURED HOME SALESMAN LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$25.00

RENEWAL: \$25.00

TRANSFER FEE IF APPLICABLE: \$15.00

REQUIREMENTS OTHER THAN FEE:

STATE EXAMINATION; 6 HOURS CONTINUING EDUCATION COURSES PER YEAR
FOR RENEWAL

SET-UP CONTRACTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANUFACTURED BUILDING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

PATRICK WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SET-UP CONTRACTOR

STATUTORY AUTHORITY:

GS 143-143.8 - GS 143-143.25

APPLICATION FORM TITLE:

SET-UP CONTRACTOR APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$250.00

RENEWAL: \$250.00

REQUIREMENTS OTHER THAN FEE:

SURETY BOND IN THE AMOUNT OF \$10,000; STATE EXAMINATION; 4 HOURS OF
CONTINUING EDUCATION COURSES PER YEAR FOR RENEWAL

MANUFACTURED HOUSING DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANUFACTURED BUILDING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

PATRICK WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MANUFACTURED HOUSING DEALER

STATUTORY AUTHORITY:

GS 143-143.8 - GS 143-143.25

APPLICATION FORM TITLE:

APPLICATION FOR MANUFACTURED HOME DEALER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$250.00 FIRST PLACE OF BUSINESS WITHIN COUNTY; \$100.00
EACH ADDITIONAL PLACE OF BUSINESS WITHIN COUNTY
RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

SINGLE SURETY BOND REQUIRED
\$35,000 FOR FIRST PLACE OF BUSINESS
ADDITIONAL \$25,000 FOR EACH ADDITIONAL PLACE OF BUSINESS

MANUFACTURED HOME MANUFACTURER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANUFACTURED BUILDING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

PATRICK WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MANUFACTURED HOME MANUFACTURER

STATUTORY AUTHORITY:

GS 143-143.8 - GS 143-143.25

APPLICATION FORM TITLE:

APPLICATION FOR MANUFACTURED HOME MANUFACTURER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$300.00 PER CERTIFICATE OF ORIGIN PLANT

RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

SURETY BOND IN THE AMOUNT OF \$100,000 REQUIRED

MODULAR BUILDING MANUFACTURER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANUFACTURED BUILDING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

PATRICK WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MANUFACTURED BUILDING MODULAR MANUFACTURER

STATUTORY AUTHORITY:

GS 143-139.1

APPLICATION FORM TITLE:

CERTIFICATION MANUAL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL CERTIFICATION MANUAL REVIEW: \$1,000.00

ADDITIONAL CERTIFICATION MANUAL REVIEW: \$500.00

RENEWAL: \$100.00; LATE RENEWAL: \$25.00

MODULAR CERTIFYING AGENCY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

MANUFACTURED BUILDING

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

PATRICK WALKER AT THE ABOVE ADDRESS

TELEPHONE:

919-661-5880

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MODULAR CERTIFYING AGENCY

STATUTORY AUTHORITY:

GS 143-139.1

APPLICATION FORM TITLE:

MODULAR CERTIFYING AGENCY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL APPLICATION REVIEW: \$500.00; ADDITIONAL APPLICATION REVIEWS:
\$250.00 EACH; RENEWAL: \$200.00

RATING ORGANIZATIONS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

PROPERTY AND CASUALTY

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

CHARLES SWINDELL AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3368

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RATING ORGANIZATIONS

STATUTORY AUTHORITY:

GS 58-40-50

APPLICATION FORM TITLE:

NONE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR (JULY 1 - JUNE 30)

FEES:

\$500.00 SINGLE LINE

\$600.00 MULTIPLE LINE

REQUIREMENTS OTHER THAN FEE:

58-40-50 (C) (1)..(5): CONSTITUTION, CHARTER, ARTICLES OF
INCORPORATION, AGREEMENT, ASSOCIATION OR INCORPORATION, AND A COPY
OF ITS BYLAWS, PLAN OF OPERATION, RULES, REGULATIONS GOVERNING THE
CONDUCT OF ITS BUSINESS, ETC.

ADVISORY ORGANIZATIONS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

PROPERTY AND CASUALTY

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

CHARLES SWINDELL AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3368

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ADVISORY ORGANIZATIONS

STATUTORY AUTHORITY:

GS 58-40-55

APPLICATION FORM TITLE:

NONE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR (JULY 1 - JUNE 30)

FEES:

\$500.00 SINGLE LINE

\$600.00 MULTIPLE LINE

REQUIREMENTS OTHER THAN FEE:

58-40-55 (A) (1) .. (3)

JOINT UNDERWRITING & JOINT REINSURANCE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

INSURANCE

DIVISION:

PROPERTY AND CASUALTY

ADDRESS:

PO BOX 26387, RALEIGH, NC 27611

CONTACT:

CHARLES SWINDELL AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3368

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

JOINT UNDERWRITING AND JOINT REINSURANCE ORGANIZATIONS

STATUTORY AUTHORITY:

GS 58-40-60

APPLICATION FORM TITLE:

NONE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR (JULY 1 - JUNE 30)

FEES:

\$500.00 SINGLE LINE

\$600.00 MULTIPLE LINE

REQUIREMENTS OTHER THAN FEE:

58-40-60 (A) (1) .. (3)

ALARM SYSTEMS BUSINESS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

ALARM SYSTEMS LICENSING BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ALARM SYSTEMS BUSINESS LICENSE

STATUTORY AUTHORITY:

GS 74D 2(A), 12 NCAC 11 .0200

APPLICATION FORM TITLE:

APPLICATION FOR ALARM SYSTEMS BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 NON-REFUNDABLE APPLICATION FEE; \$5.00 SBI FEE TO COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL RECORD CHECK;

AND \$350 LICENSE FEE-BIENNIAL

RENEWAL: \$350; LATE RENEWAL FEE: \$100

REQUIREMENTS OTHER THAN FEE:

APPLICANT MUST HAVE TWO YEARS EXPERIENCE WITHIN THE LAST FIVE YEARS IN AN ALARM SYSTEMS BUSINESS AS PER 12 NCAC 11.0202.

APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER REQUIREMENTS IN GS 74D-2 (D). PRIOR TO ISSUANCE OF THE LICENSE AN APPLICANT OR AN EMPLOYEE OF THE COMPANY IN WHICH THE APPLICANT INTENDS TO DO BUSINESS MUST HOLD A NORTH CAROLINA ELECTRICAL CONTRACTOR'S LICENSE IN ONE OF THE FOLLOWING CATEGORIES: UNLIMITED, LIMITED, INTERMEDIATE, OR THE SP-LOW VOLTAGE. IF THE APPLICANT DOES NOT HOLD ONE OF THE ABOVE LICENSES OR THE COMPANY DOES NOT EMPLOY AN INDIVIDUAL WITH ONE OF THE ABOVE LICENSES, THE APPLICANT SHOULD CONTACT THE NORTH CAROLINA STATE BOARD

ALARM SYSTEMS BUSINESS

(CONTINUED)

OF ELECTRICAL CONTRACTORS AT 919-733-9042 TO APPLY FOR ONE OF THE ABOVE LICENSES. IN ADDITION, PRIOR TO LICENSE ISSUANCE APPLICANT MUST HAVE PROOF OF LIABILITY INSURANCE WITH COVERAGES OF \$50,000 FOR ONE PERSON, \$100,000 FOR TWO OR MORE PERSONS AND \$20,000 FOR PROPERTY DAMAGE.

ARMORED CAR BUSINESS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ARMORED CAR BUSINESS

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (1)

APPLICATION FORM TITLE:

APPLICATION FOR ARMORED CAR BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; ONCE APPLICATION APPROVED AND PRIOR
TO LICENSE ISSUANCE \$200 LICENSE FEE PLUS \$50 RECOVERY FUND
(\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO COVER
CHARGES PAID TO THE SBI FOR A STATEWIDE CRIMINAL RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

GS 74C-10 - APPLICANT MUST FILE WITH THE BOARD EVIDENCE OF LIABILITY
INSURANCE. SEE 12 NCAC 7D, .0200. APPLICANT NEEDS TO BE FAMILIAR WITH
CHARACTER REQUIREMENTS IN GS 74C-8(D)

COURIER SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COURIER SERVICE BUSINESS

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (4)

APPLICATION FORM TITLE:

APPLICATION FOR COURIER SERVICE BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR A STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

GS 74C-10 - APPLICANT MUST PRESENT THE BOARD WITH PROOF OF LIABILITY
INSURANCE. SEE 12 NCAC 7D, .0200. APPLICANT NEEDS TO BE FAMILIAR
WITH CHARACTER REQUIREMENTS IN GS 74C-8(D)

DETECTION OF DECEPTION EXAMINER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DETECTION OF DECEPTION EXAMINER (AUDIO STRESS - PSE)

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (5); T12 NCAC 7D, SECTION .0600

APPLICATION FORM TITLE:

APPLICATION FOR DETECTION OF DECEPTION EXAMINER (AUDIO STRESS - PSE)
LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

APPLICANTS SHALL COMPLETE NOT LESS THAN 160 HOURS OF CLASSROOM
INSTRUCTION AT A FORMAL PSE SCHOOL. SEE 12 NCAC 7D, .0600,
.0200. SHOULD HAVE LIABILITY INSURANCE. SEE GS 74C-10.
APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER REQUIREMENTS IN
GS 74C-8(D).

GUARD DOG SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GUARD DOG SERVICE BUSINESS

STATUTORY AUTHORITY:

GS 74C 2(A) AND GS 74C 3(A) (7); T12 NCAC 7D, SECTION .0302

APPLICATION FORM TITLE:

APPLICATION FOR GUARD DOG SERVICE BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

TWO YEARS EXPERIENCE WITHIN PAST 10 YEARS AS MANAGER, SUPERVISOR,
ADMINISTRATOR, OR DOG HANDLER WITH A CONTRACT SECURITY COMPANY OR ANY
PROPRIETARY SECURITY ORGANIZATION, FEDERAL, U.S. ARMED FORCES, STATE,
COUNTY, OR MUNICIPAL AGENCY PERFORMING GUARD DOG FUNCTIONS. SEE 12
NCAC 7D, .0302 AND .0200; ALSO LIABILITY INSURANCE UNDER GS 74C-10;
APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER REQUIREMENTS IN
GS 74C-8(D)

PRIVATE DETECTIVE ASSOCIATE/PI ASSOCIATE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRIVATE DETECTIVE OR PRIVATE INVESTIGATOR TRAINEE

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (8); T12 NCAC 7D, SECTION .0403

APPLICATION FORM TITLE:

APPLICATION FOR PRIVATE DETECTIVE OR PRIVATE INVESTIGATOR TRAINEE
PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

TRAINEES SHALL BE DIRECTLY SUPERVISED BY A LICENSEE APPROVED BY THE
BOARD. TRAINEES SHOULD MAINTAIN A LOG ON A FORM PROVIDED BY THE BOARD
AS EVIDENCE OF EXPERIENCE. SEE 12 NCAC 7D, .0400, .0403.
APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER REQUIREMENTS IN GS 74C
8(D) AND GS 74C 9(H). SEE 12 NCAC 7D .1100

PRIVATE DETECTIVE/PRIVATE INVESTIGATOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRIVATE DETECTIVE OR PRIVATE INVESTIGATOR

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (8); T12 NCAC 7D, SECTION .0401

APPLICATION FORM TITLE:

APPLICATION FOR PRIVATE DETECTIVE OR PRIVATE INVESTIGATOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

LIABILITY INSURANCE - SEE GS 74C-10. THREE YEARS EXPERIENCE WITHIN
PAST TEN YEARS IN PRIVATE INVESTIGATIONS, OR IN AN INVESTIGATIVE
CAPACITY WITH A LAW ENFORCEMENT AGENCY OR THE U.S. ARMED FORCES. 12
NCAC 7D, .0400. 12 NCAC 7D, .0401(B) ALSO ALLOWS THE BOARD TO GIVE
CREDIT FOR CERTAIN TYPES OF EDUCATIONAL DEGREES. APPLICANT NEEDS TO
BE FAMILIAR WITH CHARACTER REQUIREMENTS IN GS 74C-8(D).

SECURITY GUARD AND PATROL BUSINESS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SECURITY GUARD AND PATROL BUSINESS

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (6); T 12 NCAC 7D .0301

APPLICATION FORM TITLE:

APPLICATION FOR SECURITY GUARD AND PATROL BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

12 NCAC 7D, .0301. THREE YEARS EXPERIENCE WITHIN PAST TEN YEARS AS A
MANAGER, SUPERVISOR, OR ADMINISTRATOR, OF A CONTRACT SECURITY COMPANY,
PROPRIETARY SECURITY ORGANIZATION, FEDERAL, US ARMED FORCES, STATE,
COUNTY OR MUNICIPAL LAW ENFORCEMENT AGENCY, PERFORMING GUARD OR PATROL
FUNCTIONS. FOR MORE DETAILS, READ 12 NCAC 7D .0301, .0700 AND .0800.
GS 74C-10 LIABILITY INSURANCE. APPLICANT NEEDS TO BE FAMILIAR WITH
CHARACTER REQUIREMENTS IN GS 74C-8(D).

POLYGRAPH EXAMINER TRAINEE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DETECTION OF DECEPTION EXAMINER (POLYGRAPH TRAINEE) PERMIT

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (5); 12 NCAC 7D SECTION .0502

APPLICATION FORM TITLE:

APPLICATION FOR DETECTION OF DECEPTION EXAMINER (POLYGRAPH TRAINEE)
PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

APPLICANT SHOULD HAVE COMPLETED A COURSE OF INSTRUCTION AT ANY AMERICAN
POLYGRAPH ASSOCIATION OR BOARD APPROVED POLYGRAPH SCHOOL. FOR MORE
DETAILS SEE 12 NCAC 7D .0500. APPLICANT NEEDS TO BE FAMILIAR WITH
CHARACTER REQUIREMENTS IN GS 74C-8(D)

POLYGRAPH EXAMINER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DETECTION OF DECEPTION EXAMINER (POLYGRAPH)

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (5); T 12 NCAC 7D .0501

APPLICATION FORM TITLE:

APPLICATION FOR DETECTION OF DECEPTION EXAMINER'S LICENSE (POLYGRAPH)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

MUST REFER TO THE REQUIREMENTS OF 12 NCAC 7D SECTION .0500. MUST
COMPLETE A COURSE OF FORMAL INSTRUCTION AT A PPSB/APA POLYGRAPH
APPROVED SCHOOL. HAVE ONE YEAR OF POLYGRAPH EXPERIENCE WITHIN THE PAST
THREE YEARS OR COMPLETE AT LEAST SIX MONTHS OF TRAINING AS A
TRAINEE AND ADMINISTER NO LESS THAN 50 POLYGRAPH EXAMINATIONS.
PASS AN EXAMINATION AND PERFORMANCE TEST ADMINISTERED BY A PANEL OF
POLYGRAPH EXAMINERS DESIGNATED BY THE BOARD. APPLICANT NEEDS TO BE
FAMILIAR WITH CHARACTER REQUIREMENTS IN GS 74C-8(D)

COUNTERINTELLIGENCE BUSINESS TRAINEE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COUNTERINTELLIGENCE BUSINESS TRAINEE

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (3); 12 NCAC 7D SECTION .0403

APPLICATION FORM TITLE:

APPLICATION FOR COUNTERINTELLIGENCE SERVICE BUSINESS TRAINEE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

TRAINEES SHALL BE DIRECTLY SUPERVISED BY A LICENSEE. TRAINEES SHOULD
MAINTAIN A LOG ON A FORM PROVIDED BY THE BOARD AS EVIDENCE OF
EXPERIENCE.
SEE 12 NCAC .0400. APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER
REQUIREMENTS IN GS 74C-8(D) AND GS 74C-9(H)

COUNTERINTELLIGENCE SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COUNTERINTELLIGENCE SERVICE BUSINESS

STATUTORY AUTHORITY:

GS 74C 2(A); GS 74C 3(A) (3); T 12 NCAC 7D.0402

APPLICATION FORM TITLE:

APPLICATION FOR COUNTERINTELLIGENCE SERVICE BUSINESS LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: \$150 APPLICATION FEE; \$200 LICENSE FEE PLUS \$50 RECOVERY
FUND (\$50 FOR EACH ADDITIONAL LICENSE); \$5.00 SBI FEE TO
COVER CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL
RECORD CHECK
RENEWAL: \$200

REQUIREMENTS OTHER THAN FEE:

THREE YEARS EXPERIENCE WITHIN LAST TEN YEARS OR HAVE COMPLETED A
40 HOUR COURSE IN COUNTERINTELLIGENCE. SEE 12 NCAC 7D .0402.
APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER REQUIREMENTS IN
GS 74C-8(D)

CRIMINAL JUSTICE OFFICERS/COMPANY POLICE OFF

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

PO BOX 149, RALEIGH, NC 27602

CONTACT:

CRIMINAL JUSTICE STANDARDS SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-716-6470 FAX 919-716-6752

OFFICE HOURS:

7:30 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GENERAL CATEGORY - CRIMINAL JUSTICE OFFICERS (CONTACT DIVISION FOR COMPLETE LIST); COMPANY POLICE OFFICERS; CONCEALED HANDGUN TRAINING INSTRUCTORS (CCH)

STATUTORY AUTHORITY:

GS 17C; GS 74E; GS 14-415.12 & GS 14.415.13

APPLICATION FORM TITLE:

CRIMINAL JUSTICE OFFICER/INSTRUCTOR/OTHERS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VARIES BY CERTIFICATE TYPE

FEES:

CRIMINAL JUSTICE OFFICERS INITIAL: N/A; RENEWAL: N/A
COMPANY POLICE OFFICERS INITIAL: \$100.00; RENEWAL: \$50.00
COMPANY POLICE AGENCY INITIAL: \$250.00; RENEWAL: \$200.00
CCH INSTRUCTOR FEES INITIAL: \$50.00; RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

APPLICANTS MUST MEET MINIMUM STANDARDS, AS FOUND IN ADMINISTRATIVE CODE.

JUSTICE OFFICER

PURPOSE:

REGULATORY REQUIREMENT - NORTH CAROLINA SHERIFF'S EDUCATION AND
TRAINING STANDARDS COMMISSION

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

114 WEST EDENTON STREET, PO BOX 629, RALEIGH, NC 27602

CONTACT:

SHERIFFS' STANDARDS SECTION, AT THE ABOVE ADDRESS

TELEPHONE:

919-716-6460 FAX 919-716-6753

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GENERAL CATEGORY - JUSTICE OFFICER (DEPUTY SHERIFF, DETENTION OFFICERS,
TELECOMMUNICATORS)

STATUTORY AUTHORITY:

GS 17E

APPLICATION FORM TITLE:

JUSTICE OFFICER/INSTRUCTOR/SCHOOL ACCREDITATION/PROFESSIONAL
CERTIFICATES AND SERVICE AWARDS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VARIES BY CERTIFICATE TYPE

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

APPLICANTS MUST MEET AND MAINTAIN MINIMUM STANDARDS, AS FOUND IN
ADMINISTRATIVE CODE. (TITLE 12, NCAC, CHAPTER 10B)

FIREARMS TRAINER CERTIFICATE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

JUSTICE

DIVISION:

TRAINING AND STANDARDS

ADDRESS:

1631 MIDTOWN PLACE, SUITE 104, RALEIGH, NC 27609

CONTACT:

PRIVATE PROTECTIVE SERVICES BOARD, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3611 FAX 919-875-3609

WEB ADDRESS: WWW.JUS.STATE.NC.US/PPS

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FIREARMS TRAINER CERTIFICATE

STATUTORY AUTHORITY:

GS 74C 13; 12 NCAC 7D .0900

APPLICATION FORM TITLE:

APPLICATION FOR FIREARMS TRAINER CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS FROM DATE OF ISSUANCE

FEES:

INITIAL: \$25.00 APPLICATION FEE

\$25.00 - BIENNIAL CERTIFICATE; \$5.00 SBI FEE TO COVER

CHARGES PAID TO THE SBI FOR STATEWIDE CRIMINAL RECORD CHECK

RENEWAL: \$25.00

REQUIREMENTS OTHER THAN FEE:

ONE YEAR SUPERVISORY EXPERIENCE IN SECURITY WITH A CONTRACT SECURITY COMPANY OR PROPRIETARY SECURITY ORGANIZATION OR ONE YEAR EXPERIENCE WITH ANY FEDERAL, U.S. MILITARY, STATE, COUNTY OR MUNICIPAL LAW ENFORCEMENT AGENCY; COMPLETE THE FIREARMS INSTRUCTOR TRAINER COURSE THROUGH THE NC JUSTICE ACADEMY AND ATTAIN A SCORE OF AT LEAST 90% ACCURACY ON THE REQUIRED FIREARMS QUALIFICATION COURSES OF FIRE. MUST HAVE PROOF OF LIABILITY INSURANCE WITH COVERAGES OF \$50,000 FOR ONE PERSON, \$100,000 FOR TWO OR MORE PERSONS AND \$20,000 FOR PROPERTY DAMAGE. PRIOR TO LICENSE ISSUANCE APPLICANT NEEDS TO BE FAMILIAR WITH CHARACTER REQUIREMENTS IN GS 74C-8(D).

MIGRANT HOUSING INSPECTION CERTIFICATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

AGRICULTURAL SAFETY AND HEALTH

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

REGINA LUGINBUHL, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2923

FAX: 919-807-2924

E-MAIL: GLUGIN@DOL.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR MIGRANT HOUSING

STATUTORY AUTHORITY:

GS 95-222; GS 95-229

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

BOILER OR PRESSURE VESSEL OPERATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

BOILER SAFETY BUREAU

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

DIETER HANRATH, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2760

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF INSPECTION (BOILER OR PRESSURE VESSEL)

STATUTORY AUTHORITY:

GS 95-69.8; GS 95-69.18

APPLICATION FORM TITLE:

CERTIFICATE OF INSPECTION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FOR HIGH PRESSURE, 2 YEARS FOR LOW PRESSURE

FEES:

\$25 AND UP DEPENDING ON THE SERVICE REQUIRED

REQUIREMENTS OTHER THAN FEE:

VARIES DEPENDING ON TYPE OF DEVICE AND USE

AMUSEMENT DEVICES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

ELEVATOR AND AMUSEMENT DEVICE BUREAU

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601

CONTACT:

JONATHAN BROOKS, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2770

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF OPERATION (AMUSEMENT DEVICES)

STATUTORY AUTHORITY:

GS 95-111.1 - GS 95-111.18F; GS 95-106; GS 95-107

FEES:

INITIAL: \$15.00 PER UNIT

RENEWAL: \$15.00 PER UNIT

REQUIREMENTS OTHER THAN FEE:

OWNER MUST HAVE CONTRACT OF INSURANCE PROVIDING COVERAGE AGAINST LIABILITY FOR INJURY TO PERSONS OR PROPERTY ARISING OUT OF OPERATION OR USE OF AMUSEMENT DEVICE. COPY OF INSURANCE AND ITINERARY OF AMUSEMENT RIDES AND SET UP MUST BE RECEIVED BY THIS OFFICE NO LATER THAN 5 DAYS, OR BEFORE INSPECTION IS REQUIRED.

ELEVATORS/INSTALLATION AND OPERATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

ELEVATOR AND AMUSEMENT DEVICE BUREAU

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

HENRY MADENSPACHER, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2770

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO INSTALL (ELEVATORS)/CERTIFICATE OF OPERATION (ELEVATORS)

STATUTORY AUTHORITY:

GS 95-110.1 - GS 95-110.15 AND GS 95-105

APPLICATION FORM TITLE:

APPLICATION TO INSTALL AND CERTIFICATE OF CONTRACT COST

FEES:

COST OF INSTALLATION OR ALTERATION		UNIT FEE
INITIAL:	\$ 0 - \$ 10,000	\$100
\$ 10,001 -	\$ 30,000	\$150
\$ 30,001 -	\$ 50,000	\$200
\$ 50,001 -	\$ 80,000	\$250
\$ 80,001 -	\$100,000	\$300
OVER \$100,000		\$350
RENEWAL: NUMBER OF BUILDING FLOORS		
1-5 FLOORS		\$30
6-10 FLOORS		\$40
11-15 FLOORS		\$50
16-20 FLOORS		\$60
21 FLOORS AND OVER		\$70

REQUIREMENTS OTHER THAN FEE:

INSTALLERS OF ELEVATORS MUST HAVE A NORTH CAROLINA ELECTRICAL LICENSE AND MUST APPLY TO THE ELEVATOR DIVISION FOR PERMIT TO INSTALL. REQUESTS FOR INITIAL INSPECTION MUST BE RECEIVED BY THIS OFFICE NO

ELEVATORS/INSTALLATION AND OPERATION
(CONTINUED)
LATER THAN FIVE DAYS BEFORE INSPECTION IS REQUIRED.

AERIAL PASSENGER TRAMWAYS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

ELEVATOR AND AMUSEMENT DEVICE BUREAU

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

HENRY MADENSPACHER, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2770

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF OPERATION (AERIAL PASSENGER TRAMWAYS)

STATUTORY AUTHORITY:

GS 95-116 - GS 95-125 AND GS 95-106

APPLICATION FORM TITLE:

LOCATION NOTICE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

(TYPE INSPECTION)	(UNIT FEE)
AMUSEMENT DEVICES	\$ 15
GONDOLAS, CHAIRLIFTS, & INCLINED RAILROADS	\$137
J- OR T-BARS	\$ 62
ROPE TOWS	\$ 31

PRIVATE PERSONNEL SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

WAGE AND HOUR

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, 27601-1092

CONTACT:

PROGRAM ASSISTANT, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2796 OR 1-800-NC LABOR

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRIVATE PERSONNEL SERVICE (REGULATORY LICENSE)

STATUTORY AUTHORITY:

GS 95-47.2

APPLICATION FORM TITLE:

APPLICATION FOR PRIVATE PERSONNEL SERVICE (REGULATORY LICENSE)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: PENDING

RENEWAL: PENDING

REQUIREMENTS OTHER THAN FEE:

REFERENCE CHECK, CREDIT BACKGROUND CHECK, CRIMINAL BACKGROUND CHECK, APPROVED CONTRACT, RESPONSES TO PROTESTS REGARDING ISSUANCE OF LICENSE, RECEIPT OF APPROPRIATE SURETY BOND (\$10,000), AND RESULTS OF INTERVIEW.

JOB LISTING SERVICE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

WAGE AND HOUR

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

PROGRAM ASSISTANT, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2796 OR 1-800-NC LABOR

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

JOB LISTING SERVICE (REGULATORY LICENSE)

STATUTORY AUTHORITY:

GS 95-47.22

APPLICATION FORM TITLE:

APPLICATION FOR JOB LISTING SERVICE (REGULATORY LICENSE)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF ISSUANCE

FEES:

INITIAL: PENDING

RENEWAL: PENDING

REQUIREMENTS OTHER THAN FEE:

REFERENCE CHECK, CREDIT BACKGROUND CHECK, CRIMINAL BACKGROUND CHECK,
APPROVED CONTRACT, RESPONSE TO PROTESTS REGARDING ISSUANCE OF LICENSE,
RECEIPT OF APPROPRIATE SURETY BOND (\$25,000) AND RESULTS OF INTERVIEW.

TEMPORARY HELP SERVICE NOTIFICATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

WAGE AND HOUR

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

PROGRAM ASSISTANT, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2796 OR 1-800-NC LABOR

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TEMPORARY HELP SERVICE NOTIFICATION

STATUTORY AUTHORITY:

GS 95-47.14

APPLICATION FORM TITLE:

NOTIFICATION BY TEMPORARY HELP SERVICE

FEES:

INITIAL: N/A

RENEWAL: N/A

PRIVATE PERSONNEL SERVICE EMPLOYER FEE PAID

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

WAGE AND HOUR

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

PROGRAM ASSISTANT, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2796 OR 1-800-NC LABOR

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EMPLOYER FEE PAID PRIVATE PERSONNEL SERVICE CERTIFICATION

STATUTORY AUTHORITY:

GS 95-47.15

APPLICATION FORM TITLE:

CERTIFICATION OF EPF STATUS

FEES:

INITIAL: N/A

RENEWAL: N/A

HANDICAP WORKER

PURPOSE:

REQUEST FOR SUB-MINIMUM WAGE RATE FOR HANDICAPPED WORKERS

DEPARTMENT:

LABOR

DIVISION:

WAGE AND HOUR

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

PROGRAM ASSISTANT, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2796 OR 1-800 NC LABOR

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HANDICAP WORKER CERTIFICATE

STATUTORY AUTHORITY:

GS 95-25.3(C)

APPLICATION FORM TITLE:

HANDICAP WORKER'S PERMIT APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SET IN EACH CERTIFICATE

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF APPLICANT'S HANDICAP BY THE DIVISION OF VOCATIONAL
REHABILITATION SERVICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

YOUTH EMPLOYMENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

LABOR

DIVISION:

WAGE AND HOUR

ADDRESS:

MAILING ADDRESS

4 W. EDENTON STREET, RALEIGH, NC 27601-1092

CONTACT:

PROGRAM ASSISTANT, 111 HILLSBOROUGH STREET, RALEIGH, NC 27603

TELEPHONE:

919-807-2796 OR 1-800 NC LABOR

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

YOUTH EMPLOYMENT CERTIFICATE

STATUTORY AUTHORITY:

GS 95-25.5

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SO LONG AS YOUTH IS WORKING IN THE PERMITTED JOB UNTIL THE YOUTH
REACHES 18 YEARS OF AGE.

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

NONE

PROPRIETARY SCHOOL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

N.C. COMMUNITY COLLEGE SYSTEM

DIVISION:

OFFICE OF PROPRIETARY SCHOOLS

ADDRESS:

200 WEST JONES STREET, RALEIGH, NC 27603

MAILING ADDRESS: 5026 MAIL SERVICE CENTER, RALEIGH, NC 27699-5026

CONTACT:

DIANNETTE JACKSON, EDUCATION CONSULTANT/PROGRAM AUDITOR OFFICE OF
PROPRIETARY SCHOOLS

TELEPHONE:

919-807-7100

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROPRIETARY SCHOOL LICENSE

STATUTORY AUTHORITY:

GS 115D, ARTICLE 8, 115D-87 THROUGH 115D-97

APPLICATION FORM TITLE:

APPLICATION FOR INITIAL LICENSE TO OPERATE A PROPRIETARY SCHOOL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR OR PART THEREOF

FEES:

INITIAL LICENSE.....\$750.00
RENEWAL OF LICENSE.....\$500.00
APPROVAL FOR NEW/REVISED PROGRAM.....\$100.00
SITE VISITATION.....\$200.00

REQUIREMENTS OTHER THAN FEE:

INSTRUCTIONAL PROGRAMS, FACULTY & STAFF, FACILITIES, BONDING,
ADVERTISING, CHARGES, LOCAL ORDINANCES, TEXTBOOKS, STUDENT SERVICES;
PROFESSIONAL JUDGEMENT OF THE CONSULTANT ARE NECESSARY FOR LICENSEE TO
PASS A REVIEW AND BE RECOMMENDED TO NC STATE BOARD OF COMMUNITY
COLLEGES

TEACHING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

PUBLIC INSTRUCTION

DIVISION:

SUPERINTENDENT'S OFFICE

ADDRESS:

301 N. WILMINGTON STREET, RALEIGH, NC 27601-2825

CONTACT:

KATHY SULLIVAN AT THE ABOVE ADDRESS OR
BROCK MURRAY, SECTION CHIEF, TEACHER LICENSURE AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4125

OFFICE HOURS:

7:30 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TEACHER LICENSE

STATUTORY AUTHORITY:

GS 115C-296

APPLICATION FORM TITLE:

INITIAL APPLICATION FOR LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS - INITIAL LICENSE; 5 YEARS - CONTINUING LICENSE

FEES:

INITIAL: IN-STATE \$55.00

RENEWAL: \$55.00

REQUIREMENTS OTHER THAN FEE:

GRADUATION FROM TEACHER EDUCATION PROGRAM, STUDENT TEACHING,
RECOMMENDATION FROM COLLEGE OR UNIVERSITY
PRAXIS SERIES TEST(S)

LICENSED DISTRIBUTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE DISTRIBUTOR'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.67, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE DISTRIBUTOR'S LICENSE FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

BOND OR LETTER OF CREDIT; AUTHORITY TO CONDUCT BUSINESS IN THIS STATE.

ALTERNATIVE FUELS PROVIDER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ALTERNATIVE FUEL PROVIDER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.131, PART II, ARTICLES 36D

APPLICATION FORM TITLE:

APPLICATION FOR ALTERNATIVE FUEL PROVIDER'S LICENSE FORM GAS 1262
(REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

BOND OR LETTER OF CREDIT; AUTHORITY TO DO BUSINESS IN THIS STATE.

ALTERNATIVE FUELS BULK END USER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BULK-END USER OF ALTERNATIVE FUELS LICENSE

STATUTORY AUTHORITY:

GS 105-449.131, PART II, ARTICLE 36D

APPLICATION FORM TITLE:

APPLICATION FOR BULK-END USER OF ALTERNATIVE FUELS LICENSE, FORM

GAS 1261 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

BOND OR LETTER OF CREDIT; AUTHORITY TO DO BUSINESS IN THIS STATE IF
REQUIRED TO PAY TAX DIRECTLY TO THE DEPARTMENT.

ALTERNATIVE FUELS RETAILER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RETAILER OF ALTERNATIVE FUELS LICENSE

STATUTORY AUTHORITY:

GS 105-449.131, PART II, ARTICLE 36D

APPLICATION FORM TITLE:

APPLICATION FOR RETAILER OF ALTERNATIVE FUELS LICENSE
FORM GAS 1261 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

BOND OR LETTER OF CREDIT; AUTHORITY TO DO BUSINESS IN THIS STATE IF
REQUIRED TO PAY TAX DIRECTLY TO THE DEPARTMENT.

HIGHWAY FUEL USE TAX

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

SHERI KOTLAS AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HIGHWAY FUEL USE TAX REGISTRATION PERMIT

STATUTORY AUTHORITY:

GS 105-449.47

APPLICATION FORM TITLE:

APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA) OR NORTH
CAROLINA HIGHWAY FUEL USE TAX (NCHFUT) CREDENTIALS (FORM GAS 1274)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

KEROSENE DISTRIBUTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

KEROSENE DISTRIBUTOR LICENSE

STATUTORY AUTHORITY:

GS 119-16.2

APPLICATION FORM TITLE:

APPLICATION FOR KEROSENE DISTRIBUTOR'S LICENSE FORM GAS 1262 (REV 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

KEROSENE DISTRIBUTOR MUST BE LICENSED AS A SUPPLIER OR DISTRIBUTOR OR
HAVE A KEROSENE LICENSE UNDER GS 119-16.2; APPLICANT MUST POST A BOND;
LETTER OF CREDIT; AUTHORITY TO DO BUSINESS IN THIS STATE

MOTOR FUEL TRANSPORTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR FUELS TRANSPORTER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR MOTOR FUELS TRANSPORTER'S LICENSE
FORM GAS 1301A (6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

MOTOR FUEL SUPPLIER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY-FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SUPPLIER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR SUPPLIER'S LICENSE, FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

1. BOND OR LETTER OF CREDIT
2. AUTHORITY TO CONDUCT BUSINESS IN THIS STATE
3. FEDERAL CERTIFICATE OF REGISTRY

MOTOR FUEL REFINER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REFINER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR REFINER'S LICENSE, FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

1. BOND OR LETTER OF CREDIT
2. AUTHORITY TO CONDUCT BUSINESS IN THIS STATE
3. FEDERAL CERTIFICATE OF REGISTRY

MOTOR FUEL BLENDER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BLENDER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR BLENDER'S LICENSE, FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

1. AUTHORITY TO CONDUCT BUSINESS IN THIS STATE
2. FEDERAL CERTIFICATE OF REGISTRY
3. BOND OR LETTER OF CREDIT IF LIABILITY EXCEEDS \$2,000 ANNUALLY

MOTOR FUEL TERMINAL OPERATOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TERMINAL OPERATOR'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR TERMINAL OPERATOR'S LICENSE, FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

1. BOND OR LETTER OF CREDIT
2. AUTHORITY TO DO BUSINESS IN THIS STATE
3. FEDERAL CERTIFICATE OF REGISTRY

MOTOR FUEL IMPORTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

IMPORTER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR IMPORTER'S LICENSE, FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

BONDED IMPORTERS, OCCASIONAL IMPORTERS, AND TANK WAGON IMPORTERS MUST FILE A BOND OR LETTER OF CREDIT AND BE AUTHORIZED TO CONDUCT BUSINESS IN THIS STATE.

MOTOR FUEL EXPORTER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EXPORTER'S LICENSE

STATUTORY AUTHORITY:

GS 105-449.65, PART II, ARTICLE 36C

APPLICATION FORM TITLE:

APPLICATION FOR EXPORTER'S LICENSE, FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

N/A

KEROSENE SUPPLIER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

MOTOR FUELS

ADDRESS:

1429 ROCK QUARRY ROAD, SUITE 105, RALEIGH, NC 27610

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640-0950

CONTACT:

PATTI THOMPSON AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3409

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

KEROSENE SUPPLIER LICENSE

STATUTORY AUTHORITY:

GS 119-16.2

APPLICATION FORM TITLE:

APPLICATION FOR KEROSENE SUPPLIER'S LICENSE FORM GAS 1262 (REV. 6/97)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

BOND OR LETTER OF CREDIT; AUTHORITY TO DO BUSINESS IN THIS STATE

OPTICIAN PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

OFFICE EXAMINATION

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OPTICIAN PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

CIGARETTE DISTRIBUTION

PURPOSE:

DISTRIBUTION LICENSE TO PURCHASE NON-TAX PAID PACKAGE OF CIGARETTES
DIRECTLY FROM QUALIFIED CIGARETTE MANUFACTURERS AND REMIT MONTHLY
TAX TO DEPARTMENT OF REVENUE

DEPARTMENT:

REVENUE

DIVISION:

OFFICE EXAMINATION

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN TOBACCO PRODUCTS UNIT

TELEPHONE:

919-733-3651

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DISTRIBUTOR'S LICENSE TO PAY NC CIGARETTE EXCISE TAX

STATUTORY AUTHORITY:

GS 105-113.11; GS 105-113.12

APPLICATION FORM TITLE:

APPLICATION FOR CIGARETTE DISTRIBUTOR'S LICENSE (FORM BA-1)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONTINUING UNTIL THERE IS A CHANGE IN THE BUSINESS OPERATION

FEES:

\$25.00 FOR EACH "PLACE OF BUSINESS" AS DEFINED IN GS 105-113.12

REQUIREMENTS OTHER THAN FEE:

INVESTIGATION MADE ON LICENSE APPLICATION; MUST USE APPLICATION FORM
PRESCRIBED BY THE DEPARTMENT OF REVENUE; MUST OBTAIN APPLICATION
FORM FROM DEPARTMENT OF REVENUE

CIGARETTE DEALER/NONRESIDENT

PURPOSE:

NON-REGULATORY LICENSE IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE
PRIVILEGE OF ENGAGING IN BUSINESS

DEPARTMENT:

REVENUE

DIVISION:

OFFICE EXAMINATION

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN TOBACCO PRODUCTS UNIT

TELEPHONE:

919-733-3651

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NONRESIDENT CIGARETTE DEALER'S CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 105-113.9

APPLICATION FORM TITLE:

APPLICATION FOR NONRESIDENT RETAIL OR WHOLESALE CIGARETTE DEALER'S
CERTIFICATE OF REGISTRATION (FORM B-A-50)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A
RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

INVESTIGATION MADE ON APPLICATION; MUST USE APPLICATION FORM
PRESCRIBED BY THE DEPARTMENT OF REVENUE; MUST OBTAIN FORM
FROM DEPARTMENT OF REVENUE

TOBACCO PRODUCTS/OTHER THAN CIGARETTES

PURPOSE:

LICENSE FOR DISTRIBUTION OF TOBACCO PRODUCTS OTHER THAN CIGARETTES

DEPARTMENT:

REVENUE

DIVISION:

OFFICE EXAMINATION

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN TOBACCO PRODUCTS UNIT

TELEPHONE:

919-733-3651

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TOBACCO PRODUCTS (OTHER THAN CIGARETTES) LICENSE

STATUTORY AUTHORITY:

GS 105-113.36

APPLICATION FORM TITLE:

APPLICATION FOR TOBACCO PRODUCTS (OTHER THAN CIGARETTES) TAX LICENSE
(FORM B-A-100)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONTINUING

FEES:

WHOLESALE DEALER - \$25.00 FOR EACH "PLACE OF BUSINESS" AS DEFINED
IN G.S. 105-113.36
RETAIL DEALER - \$10.00 FOR EACH "PLACE OF BUSINESS" AS DEFINED
IN G.S. 105-113.36

REQUIREMENTS OTHER THAN FEE:

MUST USE APPLICATION FORM PRESCRIBED BY THE DEPARTMENT OF REVENUE
MUST SECURE FORM FROM DEPARTMENT OF REVENUE

USERS OR CONSUMERS REGISTRATION

PURPOSE:

SALES AND USE TAX REGISTRATION FOR USE TAX ON PURCHASES OF TAXABLE
PERSONAL PROPERTY FROM OUT-OF-STATE VENDORS FOR STORAGE, USE OR
CONSUMPTION IN NORTH CAROLINA

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

TAX TECHNICIAN AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3661

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

USERS OR CONSUMERS REGISTRATION

STATUTORY AUTHORITY:

GS 105-164.16(A); GS 105-164.6(F)

APPLICATION FORM TITLE:

REGISTRATION APPLICATION (AS/RP1), SALES AND USE TAX AND/OR INCOME
TAX WITHHOLDING

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

INITIAL: N/A

RENEWAL: N/A

MERCHANT CERTIFICATE OF REGISTRATION

PURPOSE:

SALES AND USE TAX REGISTRATION FOR ANY ENTITY ENGAGED IN THE
BUSINESS OF SELLING AND/OR RENTING OR LEASING TAXABLE TANGIBLE
PERSONAL PROPERTY IN THIS STATE

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

TAX TECHNICIAN AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3661

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MERCHANT CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 105-164.4(C) AND GS 105-164.6(F)

APPLICATION FORM TITLE:

REGISTRATION APPLICATION (AS/RP1), SALES AND USE TAX AND/OR INCOME
TAX WITHHOLDING

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

NONE

REQUIREMENTS OTHER THAN FEE:

TAXPAYER IS REQUIRED TO COMPLETE AN APPLICATION FOR THE LICENSE

PODIATRIST PRIVILEGE LICENSE

PURPOSE:

ANNUAL LICENSE TAX IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE
PRIVILEGE OF PRACTICING A PROFESSION

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-861-5583
WEB ADDRESS: WWW.NCBPE.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PODIATRIST PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)
RENEWAL: \$50.00 (STATEWIDE)

VETERINARIAN PRIVILEGE LICENSE

PURPOSE:

LICENSE TAX IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE PRIVILEGE OF
PRACTICING A PROFESSION

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VETERINARIAN PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

REAL ESTATE PRIVILEGE LICENSE

PURPOSE:

ANNUAL LICENSE TAX IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE
PRIVILEGE OF PRACTICING A PROFESSION

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REAL ESTATE PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

PSYCHOLOGIST PRIVILEGE LICENSE

PURPOSE:

ANNUAL LICENSE TAX IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE
PRIVILEGE OF ENGAGING IN A PROFESSION

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PSYCHOLOGIST PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

PHYSICIAN PRIVILEGE LICENSE

PURPOSE:

ANNUAL LICENSE TAX IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE
PRIVILEGE OF PRACTICING A PROFESSION

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PHYSICIAN PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

PHOTOGRAPHER'S AGENT PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PHOTOGRAPHER'S AGENT PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

PHOTOGRAPHER PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PHOTOGRAPHER PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

OSTEOPATH PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OSTEOPATH PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

OPTOMETRIST PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OPTOMETRIST PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

OPHTHALMOLOGIST PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OPHTHALMOLOGIST PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

NATUROPATH PRIVILEGE LICENSE

PURPOSE:

ANNUAL NON-REGULATORY LICENSE TAX IMPOSED FOR THE PRIVILEGE OF
ENGAGING IN BUSINESS

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NATUROPATH PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

LANDSCAPE ARCHITECT PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LANDSCAPE ARCHITECT PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

LAND SURVEYOR PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LAND SURVEYOR PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

ENGINEER PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ENGINEER PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

EMBALMER PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EMBALMER PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

DENTIST PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DENTIST PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

CHIROPRACTOR PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHIROPRACTOR PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

CHIROPODIST PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHIROPODIST PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

ATTORNEY PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ATTORNEY PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

ART OF HEALING PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ART OF HEALING PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

ARCHITECT PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ARCHITECT PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

ASSISTANT ACCOUNTANT PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ASSISTANT ACCOUNTANT PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$12.50 (STATEWIDE) PER EMPLOYEE

RENEWAL: \$12.50 (STATEWIDE) PER EMPLOYEE

REQUIREMENTS OTHER THAN FEE:

ISSUED IN THE NAME OF THE PRINCIPAL OR MANAGING ACCOUNTANT

CPA PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFIED PUBLIC ACCOUNTANT PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

REQUIREMENTS OTHER THAN FEE:

MUST BE LICENSED AS A CPA WITH NC BOARD OF CERTIFIED PUBLIC ACCOUNTANTS
EXAMINERS

ACCOUNTANT PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ACCOUNTANT PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

LOAN AGENCY PRIVILEGE LICENSE

PURPOSE:

PRIVILEGE LICENSE TAX, NO REGULATORY AUTHORITY

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LOAN AGENCY PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-88

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$250.00 (PER LOCATION)

RENEWAL: \$250.00 (PER LOCATION)

REAL ESTATE APPRAISER PRIVILEGE LICENSE

PURPOSE:

ANNUAL LICENSE TAX IMPOSED BY THE DEPARTMENT OF REVENUE FOR THE
PRIVILEGE OF PRACTICING A PROFESSION OR ENGAGING IN A BUSINESS

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001
MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REAL ESTATE APPRAISER PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-41 (A)

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$50.00 (STATEWIDE)

RENEWAL: \$50.00 (STATEWIDE)

NEWSPRINT PUBLICATIONS PUBLISHER

PURPOSE:

CERTIFICATE OF ISSUANCE OF NEWSPRINT PUBLISHER TAX REPORTING NUMBER

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAXES

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF ISSUANCE OF NEWSPRINT PUBLISHER TAX REPORTING NUMBER

STATUTORY AUTHORITY:

GS 105-102.6

APPLICATION FORM TITLE:

APPLICATION FOR NEWSPRINT PUBLISHER TAX REPORTING NUMBER (FORM B-300)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CONTINUING

FEES:

N/A

PAWNBROKER PRIVILEGE LICENSE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PAWNBROKER PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-88

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$250.00 (PER LOCATION)

RENEWAL: \$250.00 (PER LOCATION)

CHECK CASHING PRIVILEGE LICENSE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

REVENUE

DIVISION:

TAXPAYER ASSISTANCE

ADDRESS:

501 N. WILMINGTON STREET, RALEIGH, NC 27604-8001

MAILING ADDRESS: PO BOX 25000, RALEIGH, NC 27640

CONTACT:

ANYONE IN PRIVILEGE TAX UNIT

TELEPHONE:

919-733-3673

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHECK CASHING PRIVILEGE LICENSE

STATUTORY AUTHORITY:

GS 105-88

APPLICATION FORM TITLE:

APPLICATION FOR PRIVILEGE LICENSE (FORM B-202A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30

FEES:

INITIAL: \$250.00 (PER LOCATION)

RENEWAL: \$250.00 (PER LOCATION)

BUSINESS OPPORTUNITY SALES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CERTIFICATION AND FILING

ADDRESS:

2 SOUTH SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

MARY KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2156

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BUSINESS OPPORTUNITY SALES

STATUTORY AUTHORITY:

GS 66-94 THROUGH 66-100

APPLICATION FORM TITLE:

N.C. BUSINESS OPPORTUNITY SALES ACT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL UPDATE REQUIRED; ALSO UPDATE REQUIRED UPON MATERIAL CHANGE

FEES:

INITIAL: \$250.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

DISCLOSURE STATEMENT; \$50,000 SURETY BOND OR TRUST ACCOUNT ONLY IF
THE BUSINESS OPPORTUNITY OFFERED FITS THE DEFINITION UNDER
GS 66-94(3); CONSENT TO SERVICE OF PROCESS; CURRENT FINANCIAL
STATEMENT OF THE SELLER (NOT OLDER THAN 13 MONTHS)

LOAN BROKER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CERTIFICATION AND FILING

ADDRESS:

2 SOUTH SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

MARY KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2156

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LOAN BROKER

STATUTORY AUTHORITY:

GS CHAPTER 66, ARTICLE 20

APPLICATION FORM TITLE:

NORTH CAROLINA LOAN BROKER DISCLOSURE ACT
FILING WITH THE SECRETARY OF STATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL (NO FEE REQUIRED)

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

\$10,000 BOND; DISCLOSURE STATEMENT; CURRENT FINANCIAL STATEMENT

ATHLETE AGENTS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CERTIFICATION AND FILING

ADDRESS:

2 SOUTH SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

MARY KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2156

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 78C, ARTICLE 8

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$200.00 NON-REFUNDABLE--1/1 - 6/30; \$100.00 7/1 - 12/31

RENEWAL: \$200.00 NON-REFUNDABLE--1/1 - 6/30; \$100.00 7/1 - 12/31

REQUIREMENTS OTHER THAN FEE:

AN AGENT WHO ENTERS INTO A FINANCIAL SERVICES CONTRACT WITH AN ATHLETE
MUST DEPOSIT A ONE HUNDRED THOUSAND (\$100,000.00) SURETY BOND PAYABLE
TO THE SECRETARY OF STATE.

MEMBERSHIP CAMPING OPERATOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CERTIFICATION AND FILING

ADDRESS:

2 SOUTH SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

MARY KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2156

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MEMBERSHIP CAMPGROUND OPERATOR REGISTRATION

STATUTORY AUTHORITY:

GS 66-230 THROUGH 66-247

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF MEMBERSHIP CAMPING OPERATOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$1,500.00

RENEWAL: \$1,000.00

REQUIREMENTS OTHER THAN FEE:

DISCLOSURE STATEMENT; ESCROW ACCOUNT; REGISTRATION APPLICATION

MEMBERSHIP CAMPING SALESMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CERTIFICATION AND FILING

ADDRESS:

2 SOUTH SALISBURY STREET, RALEIGH, NC 27603

CONTACT:

MARY KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2156

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MEMBERSHIP CAMPGROUND SALESMAN REGISTRATION

STATUTORY AUTHORITY:

GS 66-230 THROUGH 66-247

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF SALESPERSON

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

DISCLOSURE STATEMENTS TO THE PURCHASER BEFORE THE PURCHASER SIGNS A CONTRACT OR GIVES ANY MONEY OR THING OF VALUE FOR THE PURCHASE OF A CONTRACT IS REQUIRED; REGISTRATION APPLICATION

TELEPHONIC SELLERS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CERTIFICATION AND FILING

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

MARY KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2156

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION CERTIFICATE

STATUTORY AUTHORITY:

GS 66-260 THROUGH GS 66-266

APPLICATION FORM TITLE:

TELEPHONIC SELLER REGISTRATION APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$100.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

A BOND IS REQUIRED IN CERTAIN GIFT OR PRIZE OFFERINGS

REAL PROPERTY WARRANTY SALES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

MICKEY FANNEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2201

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REAL PROPERTY WARRANTY SALES

STATUTORY AUTHORITY:

GS 58-1-20

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST POST SURETY BOND OF \$100,000 WITH THE SECRETARY OF STATE

CERTIFICATE OF AUTHORITY/BUSINESS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

CHARLENE DAWKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY (FOREIGN - BUSINESS)

STATUTORY AUTHORITY:

GS 55-15-01

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL WITHDRAWN OR REVOKED

FEES:

INITIAL: \$250.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CERTIFICATE OF EXISTENCE

CERTIFICATE OF AUTHORITY/NONPROFIT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

CHARLENE DAWKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY (FOREIGN - NON-PROFIT)

STATUTORY AUTHORITY:

GS 55A-15-01

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL WITHDRAWN

FEES:

INITIAL: \$125.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CERTIFICATE OF EXISTENCE

CERTIFICATE OF AUTHORITY/PROFESSIONAL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

CHARLENE DAWKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY (FOREIGN - PROFESSIONAL)

STATUTORY AUTHORITY:

GS 55-15-01 AND GS 55B-16

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL WITHDRAWN OR REVOKED

FEES:

INITIAL: \$250.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST MEET REQUIREMENTS ESTABLISHED BY THE APPROPRIATE PROFESSIONAL
LICENSING BOARD IN THIS STATE; CERTIFICATE OF EXISTENCE;
SPECIALIZED APPLICATION FOR CERTIFICATE OF AUTHORITY FOR
FOREIGN PROFESSIONAL CORPORATION REQUIRED.

CERTIFICATE OF AUTHORITY/LIMITED PARTNERSHIP

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

CHARLENE DAWKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY (FOREIGN LIMITED PARTNERSHIPS)

STATUTORY AUTHORITY:

GS 59-902

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL CANCELLED

FEES:

INITIAL: \$50.00

RENEWAL: N/A

INVENTION DEVELOPMENT SERVICES

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

JOHN MOSS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2201

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INVENTION DEVELOPER

STATUTORY AUTHORITY:

GS 66-209 THROUGH 66-216

APPLICATION FORM TITLE:

INVENTION DEVELOPER BOND FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

N/A

FEES:

N/A

REQUIREMENTS OTHER THAN FEE:

MUST POST A SURETY BOND OR A DEPOSIT OF CASH OR SECURITIES WITH THE SECRETARY OF STATE IN THE AMOUNT OF \$25,000 OR 5% OF THE INVENTION DEVELOPER'S GROSS INCOME FROM THE INVENTION DEVELOPMENT BUSINESS IN THIS STATE DURING THE LAST FISCAL YEAR OR WHICHEVER IS GREATER.

CERTIFICATE OF AUTHORITY/LLC

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

CHARLENE DAWKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY (FOREIGN LIMITED LIABILITY COMPANIES)

STATUTORY AUTHORITY:

GS 57C-7-02

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL WITHDRAWN OR REVOKED

FEES:

\$250.00 ONE-TIME

REQUIREMENTS OTHER THAN FEE:

CERTIFICATE OF EXISTENCE OR COMPARABLE DOCUMENT
COST OF ANNUAL REPORT IS \$200.00

CERTIFICATE OF AUTHORITY/PROFESSIONAL LLC

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

CORPORATIONS

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

CHARLENE DAWKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2225

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF AUTHORITY (FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANIES)

STATUTORY AUTHORITY:

GS 57C-7-02; GS 57C-2-01(C); GS 55B-16

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF AUTHORITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL WITHDRAWN OR REVOKED

FEES:

\$250.00 ONE-TIME

REQUIREMENTS OTHER THAN FEE:

CERTIFICATE OF EXISTENCE; MUST MEET REQUIREMENTS ESTABLISHED BY THE THE APPROPRIATE PROFESSIONAL LICENSING BOARD IN THIS STATE; SPECIALIZED APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN P.L.L.C. REQUIRED

SECURITIES DEALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

SECURITIES

ADDRESS:

PO BOX 29622, RALIEGH, NC 27626-0622

CONTACT:

SANDRA STRICKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3924

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SECURITIES DEALER REGISTRATION

STATUTORY AUTHORITY:

GS 78A-36

18 NCAC6.1400 -.1415

APPLICATION FORM TITLE:

FORM BD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR OR LESS - MUST BE RENEWED ON JANUARY 1ST OF EACH YEAR

FEES:

\$300.00 (SEND DIRECTLY TO NASD)

INVESTMENT ADVISER REGISTRATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

SECURITIES

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

PATRICIA NORMAN OR RUFUS MASSENGILL

TELEPHONE:

919-733-3924

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INVESTMENT ADVISER REGISTRATION

STATUTORY AUTHORITY:

GS 78C-16

18 NCAC6.1700-.1811

APPLICATION FORM TITLE:

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION (FORM ADV)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR OR LESS - MUST BE RENEWED BY JANUARY 1 OF EACH YEAR

FEES:

INITIAL: \$75.00

RENEWAL: \$75.00

REQUIREMENTS OTHER THAN FEE:

DISCRETIONARY AUTHORITY OVER CLIENT FUNDS OR SECURITIES REQUIRES MINIMUM NET WORTH \$10,000 AND UNAUDITED BALANCE SHEET. CUSTODY OF CLIENT FUNDS OR SECURITIES REQUIRES MINIMUM NET WORTH OF \$35,000 AND AUDITED BALANCE SHEET. MUST INCLUDE THE CONSENT TO SERVICE OF PROCESS (78C-46 (B)). EVIDENCE OF A PASSING GRADE ON THE UNIFORM INVESTMENT ADVISER STATE LAW EXAMINATION. NOT STATUTORILY BARRED.

INVESTMENT ADVISER REPRESENTATIVE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

SECURITIES

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

PATRICIA NORMAN OR RUFUS MASSENGILL

TELEPHONE:

919-733-3924

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INVESTMENT ADVISER REPRESENTATIVE REGISTRATION

STATUTORY AUTHORITY:

GS 78C-16

18 NCAC6.1700-.1811

APPLICATION FORM TITLE:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR
TRANSFER (FORM U-4)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR OR LESS - MUST BE RENEWED BY JANUARY 1 OF EACH YEAR

FEES:

INITIAL: \$300.00 NON-REFUNDABLE

RENEWAL: \$300.00 NON-REFUNDABLE

REQUIREMENTS OTHER THAN FEE:

MUST INCLUDE THE CONSENT TO SERVICE OF PROCESS (78C-46 (B)). EVIDENCE
OF A PASSING GRADE ON THE UNIFORM INVESTMENT ADVISER STATE LAW
EXAMINATION. NOT STATUTORILY BARRED.

SECURITIES SALESMAN

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

SECURITIES

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

SANDRA STRICKLAND, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-3924

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SECURITIES SALESMAN REGISTRATION

STATUTORY AUTHORITY:

GS 78A-36

APPLICATION FORM TITLE:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR
TRANSFER (FORM U-4)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED ANNUALLY

FEES:

INITIAL: \$75.00

RENEWAL: \$75.00

REQUIREMENTS OTHER THAN FEE:

EVIDENCE OF A PASSING GRADE OF 70% ON THE UNIFORM SECURITIES AGENT
STATE LAW EXAMINATION (USASLE-SERIES 63)

FUND RAISING OR SOLICITATION/PROFESSIONAL

PURPOSE:

REGULATION OF PROFESSIONAL FUND RAISING/SOLICITATION

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

SOLICITATION LICENSING SECTION

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

LIONEL RANDOLPH, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2214, FAX 919-807-2220

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROFESSIONAL FUND RAISING COUNSEL OR PROFESSIONAL SOLICITOR

STATUTORY AUTHORITY:

GS 131F

APPLICATION FORM TITLE:

APPLICATION FOR A LICENSE TO ACT AS A PROFESSIONAL FUND RAISING
CONSULTANT AND PROFESSIONAL SOLICITOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR FROM DATE OF APPLICATION - DATED 31ST OF MARCH FOR FUNDRAISERS

FEES:

INITIAL: \$200.00

RENEWAL: \$200.00

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10 NCAC 30

CHARITABLE SOLICITATION

PURPOSE:

REGULATION OF CHARITABLE SOLICITATION

DEPARTMENT:

SECRETARY OF STATE

DIVISION:

SOLICITATION LICENSING SECTION

ADDRESS:

PO BOX 29622, RALEIGH, NC 27626-0622

CONTACT:

LIONEL RANDOLPH, AT THE ABOVE ADDRESS

TELEPHONE:

919-807-2214, FAX 919-807-2220

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHARITABLE SOLICITATION

STATUTORY AUTHORITY:

GS 131F

APPLICATION FORM TITLE:

APPLICATION FOR LICENSING CHARITABLE ORGANIZATIONS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

15TH DAY OF FIFTH MONTH FOLLOWING END OF FISCAL YEAR THROUGH NEXT 12 MONTHS. LATE FILING FEE \$25 PER MONTH.

FEES:

INITIAL: \$50, \$100 OR \$200

RENEWAL: \$50, \$100 OR \$200

REQUIREMENTS OTHER THAN FEE:

COMPLIANCE WITH LICENSURE RULES 10 NCAC 30

COMMERCIAL DRIVER

PURPOSE:

TO ENSURE THAT COMMERCIAL VEHICLE DRIVERS ARE PROPERLY QUALIFIED TO
DRIVE THE TYPES OF VEHICLES DEFINED AS A COMMERCIAL MOTOR VEHICLE TO
ENSURE SAFER HIGHWAYS

DEPARTMENT:

TRANSPORTATION

DIVISION:

CDL TRAINING & EVALUATION

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

MAILING ADDRESS: 3117 MAIL SERVICE CENTER, RALEIGH, NC 27699-3117

CONTACT:

WILL WILLIAMSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3319

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL DRIVER'S LICENSE

STATUTORY AUTHORITY:

GS 20-37.12 AND FEDERALLY MANDATED BY 49CFR383

APPLICATION FORM TITLE:

CDL-5 (APPLICATION FOR COMMERCIAL DRIVER'S LICENSE)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ON JANUARY 1, 1995, NORTH CAROLINA SHIFTED TO A 5 YEAR LICENSE RENEWAL
PERIOD. THE LICENSE IS ISSUED FOR A PERIOD OF 4 TO 8 YEARS, DEPENDING
ON AGE AND BIRTHDATE. A CDL PERMIT IS VALID FOR SIX MONTHS WITH A
LIMIT OF TWO PERMITS WITHIN A TWO YEAR PERIOD.

FEES:

INITIAL: \$20.00 APPLICATION FEE; \$10.00 PER YEAR ISSUANCE FEE;

\$1.25 PER YEAR ENDORSEMENT FEE FOR EACH ENDORSEMENT

RENEWAL: SAME AS INITIAL- EXCLUDING APPLICATION FEE

CDL LEARNER'S PERMIT - \$10.00

REQUIREMENTS OTHER THAN FEE:

(A) DRIVERS MUST TAKE WRITTEN AND ROAD TESTS REQUIRED FOR THE CLASS AND
TYPE OF COMMERCIAL MOTOR VEHICLE HE INTENDS TO DRIVE. WRITTEN TESTS CAN
BE TAKEN AT ANY OFFICE. DRIVING TESTS CAN ONLY BE TAKEN AT DESIGNATED
OFFICES. RENEWAL DRIVERS NOT CHANGING CLASS OF LICENSE OR ADDING
ENDORSEMENTS WILL NOT BE REQUIRED TO TAKE ANY WRITTEN TEST EXCEPT FOR

COMMERCIAL DRIVER

(CONTINUED)

THE HAZARDOUS MATERIALS ENDORSEMENT. (B) A COMMERCIAL DRIVER'S MANUAL AND OTHER MATERIALS ARE AVAILABLE FROM ANY DRIVERS LICENSE OFFICE TO HELP DRIVERS PREPARE FOR THE TESTS.

COMMERCIAL TRUCK DRIVER TRAINING SCHOOL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

CDL TRAINING & EVALUATION

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

ANYONE AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3319

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL TRUCK DRIVER TRAINING SCHOOL LICENSE (ENF 554)

STATUTORY AUTHORITY:

GS 20-320 THROUGH 328 (ARTICLE 14)

APPLICATION FORM TITLE:

COMMERCIAL TRUCK DRIVER TRAINING SCHOOL APPLICATION FOR LICENSE (LT-8)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: \$80.00

RENEWAL: \$80.00

REQUIREMENTS OTHER THAN FEE:

EXTENSIVE REQUIREMENTS (SEE APPLICATION FORM)

COMMERCIAL TRUCK DRIVER INSTRUCTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

CDL TRAINING & EVALUATION

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

ANYONE AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3319

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL TRUCK DRIVER TRAINING SCHOOL INSTRUCTOR LICENSE
(ENF 555, ENF 558)

STATUTORY AUTHORITY:

GS 20-323

APPLICATION FORM TITLE:

APPLICATION FOR COMMERCIAL TRUCK DRIVER TRAINING SCHOOL INSTRUCTOR
LICENSE (ENF 552) (ALSO SEE LIST OF REQUIRED DOCUMENTS)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: \$16.00

RENEWAL: \$16.00

REQUIREMENTS OTHER THAN FEE:

EXTENSIVE (SEE APPLICATION FORM)

HATTERAS INLET FERRY LOADING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

FERRY

ADDRESS:

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
HATTERAS FERRY OPERATION
PO BOX 57
HATTERAS, NC 27943

CONTACT:

JACK CAHOON, AT THE ABOVE ADDRESS

TELEPHONE:

252-986-2353

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRIORITY LOADING PERMIT FOR THE HATTERAS INLET FERRY

STATUTORY AUTHORITY:

GS 136-82; 143-10 (J)

APPLICATION FORM TITLE:

PRIORITY LOADING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED ANNUALLY

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PROVIDE GOODS AND SERVICES TO ISLAND OF OCRACOKE

GARBAGE CONT. LOCATIONS W/N RIGHTS-OF-WAY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1567 MAIL SERVICE CENTER, RALEIGH, NC 27699-1567

CONTACT:

DISTRICT ENGINEERS' OFFICE FOR COUNTY (LACY LOVE, STATEWIDE)

TELEPHONE:

919-733-3725

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO LOCATE GARBAGE COLLECTION CONTAINER SITE WITHIN THE
RIGHTS-OF-WAY OF STATE-MAINTAINED HIGHWAYS

STATUTORY AUTHORITY:

GS 136-18.3

APPLICATION FORM TITLE:

APPLICATION FOR PERMIT TO LOCATE GARBAGE COLLECTION CONTAINER SITE
WITHIN THE RIGHTS-OF-WAY OF STATE-MAINTAINED HIGHWAYS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NO LIMITATION

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

REFER TO APPLICATION

PLANTING ON HIGHWAY RIGHT OF WAY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1557 MAIL SERVICE CENTER, RALEIGH, NC 27699-1557

CONTACT:

DISTRICT ENGINEERS' OFFICE FOR COUNTY (DON LEE, STATEWIDE)

TELEPHONE:

919-733-2920

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR PLANTING ON HIGHWAY RIGHT OF WAY

STATUTORY AUTHORITY:

GS 136-93

APPLICATION FORM TITLE:

LETTER PERMIT (NO STANDARD FORM)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

AS STATED IN INDIVIDUAL PERMIT LETTER

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PLANTING PLAN, TYPICAL CROSS SECTION (APPROVAL OF MUNICIPALITY IF
WITHIN A MUNICIPALITY)

SELECTIVE VEGETATION REMOVAL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1557 MAIL SERVICE CENTER, RALEIGH, NC 27699-1557

CONTACT:

DISTRICT ENGINEERS' OFFICE FOR COUNTY (DON LEE, STATEWIDE)

TELEPHONE:

919-733-2920

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR SELECTIVE VEGETATION REMOVAL

STATUTORY AUTHORITY:

19A NCAC 2E.0600

APPLICATION FORM TITLE:

PERMIT FOR SELECTIVE VEGETATION REMOVAL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

30 DAYS

FEES:

INITIAL: N/A

RENEWAL: N/A

SOLICITING CONTRIBUTIONS IN REST AREA

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1557 MAIL SERVICE CENTER, RALEIGH, NC 27699-1557

CONTACT:

DIVISION ENGINEERS' OFFICE FOR COUNTY (DON LEE, STATEWIDE)

TELEPHONE:

919-733-2920

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO SOLICIT CONTRIBUTIONS IN REST AREA

STATUTORY AUTHORITY:

GS 20-175; GS 136-18

APPLICATION FORM TITLE:

PERMIT FOR SOLICITATION OF CONTRIBUTIONS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NOT TO EXCEED 30 DAYS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CONTACT DIVISION OFFICE FOR FULL REQUIREMENTS

JUNKYARD

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1567 MAIL SERVICE CENTER, RALEIGH, NC 27699-1567

CONTACT:

DISTRICT ENGINEERS' OFFICE FOR COUNTY (LACY LOVE, STATEWIDE)

TELEPHONE:

919-733-3725

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CONFORMING JUNKYARD PERMIT

STATUTORY AUTHORITY:

GS 136-141

APPLICATION FORM TITLE:

APPLICATION FOR JUNKYARD PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL PERMIT RENEWAL EACH DECEMBER 15TH

FEES:

INITIAL: \$15.00

RENEWAL: \$ 5.00

REQUIREMENTS OTHER THAN FEE:

JUNKYARD LOCATED WITHIN A ZONED OR UNZONED INDUSTRIAL AREA OR SCREENED
FROM VIEW OF THE FAP OR INTERSTATE ROUTE

HOUSE MOVING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1425 ROCK QUARRY RD, STE. 109-110, I-40 BUS. PARK, RALEIGH, NC 27610

MAILING ADDRESS: 1568 MAIL SERVICE CENTER, RALEIGH, NC 27699-1568

CONTACT:

TAMMY C. DENNING, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4740

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOUSE MOVING LICENSE

STATUTORY AUTHORITY:

GS 20, ARTICLE 16

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE TO ENGAGE IN THE PROFESSION OF HOUSE MOVING ON
ROADS AND HIGHWAYS ON THE STATE HIGHWAY SYSTEM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

FROM DATE OF ISSUANCE THROUGH JULY 31ST EACH YEAR

FEES:

ANNUAL LICENSE FEE: \$100.00

REQUIREMENTS OTHER THAN FEE:

AS OUTLINED IN GS 20, ARTICLE 16, STATE PERSONAL REQUIREMENTS, SUCH AS
AGE & EXPERIENCE; EQUIPMENT REQUIREMENTS AND ABILITY TO PERFORM
HOUSEMOVING; INSURANCE COVERAGE IS ALSO REQUIRED

OUTDOOR ADVERTISING

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1567 MAIL SERVICE CENTER, RALEIGH, NC 27699-1567

CONTACT:

DISTRICT ENGINEERS' OFFICE FOR COUNTY (LACY LOVE, STATEWIDE)

TELEPHONE:

919-733-3725

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OUTDOOR ADVERTISING PERMIT

STATUTORY AUTHORITY:

GS 136-126

APPLICATION FORM TITLE:

APPLICATION FOR OUTDOOR ADVERTISING PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL PERMIT RENEWAL EACH APRIL 15TH

FEES:

DIRECTIONAL SIGNS

INITIAL: \$20.00

RENEWAL: \$15.00

OUTDOOR ADVERTISING STRUCTURES

INITIAL: \$60.00

RENEWAL: \$30.00

REQUIREMENTS OTHER THAN FEE:

SIGN LOCATION WITHIN A ZONED OR UNZONED COMMERCIAL OR INDUSTRIAL AREA
AND MEET CERTAIN SIZING, LIGHTING & SPACING REQUIREMENTS

OVERSIZE/OVERWEIGHT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1425 ROCK QUARRY RD., STE. 109-110, I-40 BUS. PARK, RALEIGH, NC 27610

MAILING ADDRESS: 1568 MAIL SERVICE CENTER, RALEIGH, NC 27699-1568

CONTACT:

TAMMY C. DENNING, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4740 FAX: 919-733-7828

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OVERSIZE/OVERWEIGHT PERMITS

STATUTORY AUTHORITY:

GS 20-119 AND GS 136-18

APPLICATION FORM TITLE:

APPLICATION FOR SPECIAL PERMIT, FORM NO. PF-2, PF-3, PF-4, PF-20, PF-22

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SINGLE TRIP PERMITS-10 DAYS; ANNUAL PERMITS-1 YEAR

FEES:

\$10.00 SINGLE TRIP; \$50.00 ANNUAL

REQUIREMENTS OTHER THAN FEE:

CONTRACT HOUSE MOVERS MUST BE LICENSED BY THE STATE.

AIRPORTS AND HELIPORTS/PRIVATE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS

ADDRESS:

1537 MAIL SERVICE CENTER, RALEIGH, NC 27699-1537

CONTACT:

DANIEL KEEL, OPERATIONS PROGRAM MANAGER, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7621

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT FOR LICENSING PRIVATELY-OWNED AIRPORTS & HELIPORTS

STATUTORY AUTHORITY:

GS 136-18 (22)

APPLICATION FORM TITLE:

PERMIT FOR LICENSING PRIVATELY-OWNED AIRPORTS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

UNTIL MODIFICATIONS ARE MADE IN FACILITY

FEES:

INITIAL: N/A

RENEWAL: N/A

DRIVEWAY

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

HIGHWAYS/TRAFFIC ENGINEERING BRANCH

ADDRESS:

1561 MAIL SERVICE CENTER, RALEIGH, NC 27699-1561

CONTACT:

DISTRICT ENGINEERS' OFFICE FOR COUNTY (TROY PEOPLES, STATEWIDE)

TELEPHONE:

919-733-3915

OFFICE HOURS:

7:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DRIVEWAY PERMITS

STATUTORY AUTHORITY:

GS 136-18(5) AND GS 136-93

APPLICATION FORM TITLE:

STREET AND DRIVEWAY ACCESS PERMITS APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

SPECIAL COMMERCIAL AND RESIDENTIAL SUBDIVISION-1 YEAR; ALL OTHERS 90 DAYS

FEES:

INITIAL: PIPE INSPECTION FEE - \$50 FOR SPECIAL COMMERCIAL, COMMERCIAL, AND RESIDENTIAL SUBDIVISION

RENEWAL: N/A

GAS TAX

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/ENFORCEMENT SECTION

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

ANYONE AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

GAS TAX PERMIT (TEMPORARY REGISTRATION) MONETARY RECEIPT-NO LICENSE

STATUTORY AUTHORITY:

GS 105-449.49

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

20 DAYS FROM DATE OF ISSUANCE

FEES:

INITIAL: \$50.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

PROPERLY REGISTERED AND LICENSED BY BASE STATE JURISDICTION VEHICLE
MAKE AND VIN NUMBER

SAFETY EQUIPMENT INSPECTION STATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL S. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SAFETY EQUIPMENT INSPECTION STATION LICENSE (REGULAR)

STATUTORY AUTHORITY:

GS 20-183.4

APPLICATION FORM TITLE:

ENF-300

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON-EXPIRING

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

BUSINESS PREMISES MUST BE INSPECTED BY A LICENSE & THEFT INSPECTOR;
POSSESS ALL REQUIRED INSPECTION MACHINES AND EQUIPMENT AND HAVE
REQUIRED INSPECTION BAY AREA

WINDSHIELD REPLACEMENT

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL G. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

WINDSHIELD REPLACEMENT FOR SAFETY EQUIPMENT INSPECTION LICENSE

STATUTORY AUTHORITY:

GS 20-183.4

APPLICATION FORM TITLE:

ENF-300

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON-EXPIRING

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

OPERATE AN ESTABLISHED WINDSHIELD REPLACEMENT BUSINESS

SAFETY EQUIPMENT INSPECTION MECHANIC

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL G. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SAFETY EQUIPMENT INSPECTION MECHANIC LICENSE (REGULAR)

STATUTORY AUTHORITY:

GS 20-183

APPLICATION FORM TITLE:

ENF-310

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

4 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

POSSESS A VALID DRIVERS LICENSE AND MECHANIC CERTIFICATION

SAFETY EQUIPMENT INSPECTION STATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL G. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SAFETY EQUIPMENT INSPECTION STATION (EMISSIONS) WAKE, MECKLENBURG, FORSYTH, GUILFORD, DURHAM, GASTON, CABARRUS, ORANGE, AND UNION COUNTIES ONLY; AFTER JULY 1, 2003 THE FOLLOWING COUNTIES ARE INCLUDED: CATAWBA, CUMBERLAND, DAVIDSON, IREDELL, JOHNSTON & ROWAN

STATUTORY AUTHORITY:

GS 20-183.4

APPLICATION FORM TITLE:

SI-38

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NON-EXPIRING

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

POSSESS A VALID DRIVER LICENSE AND MECHANIC CERTIFICATION

EMISSION MECHANIC

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL G. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SAFETY EQUIPMENT INSPECTION MECHANICS LICENSE (EMISSION) WAKE,
MECKLENBURG, FORSYTH, GUILFORD, DURHAM, GASTON, CABARRUS, ORANGE,
AND UNION COUNTIES ONLY

STATUTORY AUTHORITY:

GS 20-183.4

APPLICATION FORM TITLE:

ENF-310

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

POSSESS A VALID DRIVERS LICENSE AND MECHANIC CERTIFICATION

SAFETY INSPECTION ONE-WAY TRIP

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL G. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SAFETY INSPECTION ONE-WAY TRIP PERMIT

STATUTORY AUTHORITY:

GS 20-183.2

APPLICATION FORM TITLE:

ENF-330

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE DIRECT TRIP FROM RESIDENCE OR GARAGE TO LICENSED INSPECTION STATION

FEES:

INITIAL: N/A

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

MUST DISPLAY A VALID REGISTRATION PLATE

EMISSION INSPECTION EXEMPTION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

CARL G. PIGFORD, LICENSE & THEFT BUREAU, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3114

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF EXEMPTION FROM EXHAUST EMISSION INSPECTION

STATUTORY AUTHORITY:

GS 20-183.2

APPLICATION FORM TITLE:

ENF-350, ENF 351

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: N/A

RENEWAL: N/A

MOTOR VEHICLE DEALER/NEW OR USED

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

J. I. EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE DEALER LICENSE (NEW OR USED VEHICLE)

STATUTORY AUTHORITY:

GS 20-287 THROUGH GS 20-290

APPLICATION FORM TITLE:

LT-34 APPLICATION FOR DEALER LICENSE AND PLATES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

INSURANCE BOND OF \$50,000 AND AN ADDITIONAL PRINCIPAL SUM OF \$25,000 FOR EACH OF THE APPLICANT'S ADDITIONAL PLACES OF BUSINESS; ASSUMED NAME FILING AS REQUIRED; COPY OF CORPORATE CHARTER; BUSINESS PREMISES MUST PASS INSPECTIONS BY ENFORCEMENT PERSONNEL; MUST MEET ZONING REQUIREMENTS OF CITY AND/OR COUNTY.
TO OBTAIN A LICENSE AS A DEALER, AN APPLICANT MUST HAVE AN ESTABLISHED SALESROOM IN THIS STATE.

MOTOR VEHICLE FACTORY BRANCH

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE FACTORY BRANCH LICENSE

STATUTORY AUTHORITY:

GS 20-287 THROUGH GS 20-290

APPLICATION FORM TITLE:

LT-34 APPLICATION FOR DEALER LICENSE/PLATES

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$70.00

RENEWAL: \$70.00

REQUIREMENTS OTHER THAN FEE:

INSURANCE BOND OF \$50,000; ASSUMED NAME FILING AS REQUIRED; COPY OF CORPORATE CHARTER; BUSINESS PREMISES MUST PASS INSPECTIONS OF ENFORCEMENT PERSONNEL; MUST MEET ZONING REQUIREMENTS OF CITY AND COUNTY

MOTOR VEHICLE MANUFACTURER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE MANUFACTURER LICENSE

STATUTORY AUTHORITY:

GS 20-287 THROUGH GS 20-290

APPLICATION FORM TITLE:

LT-34 APPLICATION FOR DEALER LICENSE & PLATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$100.00

RENEWAL: \$100.00

REQUIREMENTS OTHER THAN FEE:

INSURANCE BOND \$50,000; ASSUMED NAME FILING; COPY OF CORPORATE CHARTER; BUSINESS PREMISES MUST PASS INSPECTION BY ENFORCEMENT PERSONNEL; MUST MEET ZONING REQUIREMENTS FOR CITY AND COUNTY

MOTOR VEHICLE DISTRIBUTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE DISTRIBUTOR LICENSE

STATUTORY AUTHORITY:

GS 20-287 THROUGH GS 20-290

APPLICATION FORM TITLE:

LT-34 APPLICATION FOR DEALER LICENSE & PLATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

INSURANCE BOND; ASSUMED NAME FILING; CORPORATE CHARTER; INSPECTION BY
ENFORCEMENT OF BUSINESS PREMISES; MUST MEET ZONING REQUIREMENTS OF CITY
OR COUNTY

MOTOR VEHICLE WHOLESALER

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE WHOLESALER LICENSE

STATUTORY AUTHORITY:

GS 20-287 THROUGH GS 20-290

APPLICATION FORM TITLE:

LT-34 APPLICATION FOR DEALER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$50.00

RENEWAL: \$50.00

REQUIREMENTS OTHER THAN FEE:

INSURANCE BOND; ASSUMED NAME FILING; CORPORATE CHARTER; BUSINESS
PREMISES MUST BE INSPECTED BY ENFORCEMENT PERSONNEL; MUST MEET ZONING
REQUIREMENTS OF CITY OR COUNTY

MOTOR VEHICLE SALES REPRESENTATIVE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE SALES REPRESENTATIVE LICENSE

STATUTORY AUTHORITY:

GS 20-291

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF NO CONVICTION OF GS-20-106, GS-20-106.1, GS-20-107, &
GS-20-112

MOTOR VEHICLE FACTORY REPRESENTATIVE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE FACTORY REPRESENTATIVE LICENSE

STATUTORY AUTHORITY:

GS 20-289 & GS 20-291

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF NO CONVICTION OF GS-20-106, GS-20-106.1, GS-20-107, &
GS-20-112

MOTOR VEHICLE DISTRIBUTOR REPRESENTATIVE

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/LICENSE & THEFT BUREAU

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

MAJOR JIM EDWARDS, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3185

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR VEHICLE DISTRIBUTOR REPRESENTATIVE LICENSE

STATUTORY AUTHORITY:

GS 20-289 & GS 20-291

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 FISCAL YEAR

FEES:

INITIAL: \$10.00

RENEWAL: \$10.00

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF NO CONVICTION OF GS-20-106, GS-20-106.1, GS-20-107, &
GS-20-112

COMMERCIAL DRIVER TRAINING SCHOOL

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/SCHOOL BUS & TRAFFIC SAFETY SECTION

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

BOB SANDFORD, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3109

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL DRIVER TRAINING SCHOOL LICENSE (SBTS-609)

STATUTORY AUTHORITY:

GS 20-320 THROUGH 328 (ARTICLE 14)

APPLICATION FORM TITLE:

SBTS-600 COMMERCIAL DRIVER TRAINING SCHOOL APPLICATION FOR LICENSE
AND 600-A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: \$80.00

RENEWAL: \$80.00

REQUIREMENTS OTHER THAN FEE:

EXTENSIVE (SEE APPLICATION FORM)

DRIVER TRAINING SCHOOL INSTRUCTOR

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/SCHOOL BUS & TRAFFIC SAFETY SECTION

ADDRESS:

1100 NEW BERN AVENUE, RALEIGH, NC 27697-0001

CONTACT:

BOB SANDFORD, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-3109

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR LICENSE (SBTS-614)

STATUTORY AUTHORITY:

GS 20-323

APPLICATION FORM TITLE:

SBTS-612 APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

INITIAL: \$16.00

RENEWAL: \$16.00

REQUIREMENTS OTHER THAN FEE:

EXTENSIVE (SEE APPLICATION FORM)

MOTOR CARRIER EXEMPTION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/VEHICLE REGISTRATION SECTION

ADDRESS:

1425 ROCK QUARRY ROAD, SUITE 100, RALEIGH NC 27610

CONTACT:

NCDMV, IRP SECTION AND REGISTRATION SECTION, MOTOR CARRIER
REGULATORY UNIT

TELEPHONE:

919-861-3720

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR CARRIER EXEMPTION CERTIFICATES

STATUTORY AUTHORITY:

GS 20-376; GS 20-385; ADMINISTRATIVE CODE .0803

APPLICATION FORM TITLE:

MVR-19

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID AS LONG AS MOTOR CARRIER OPERATES AS EXEMPT INTRASTATE CARRIER

FEES:

INITIAL: \$25.00

RENEWAL: N/A

REQUIREMENTS OTHER THAN FEE:

CERTIFICATION OF TYPE OF OPERATION; CERTIFIES THAT HE IS ENGAGED IN
EXEMPT MOTOR FREIGHT OPERATION

MOTOR CARRIER REGULATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/VEHICLE REGISTRATION SECTION

ADDRESS:

1425 ROCK QUARRY ROAD, SUITE 100, RALEIGH, NC 27610

CONTACT:

NCDMV, IRP SECTION, MOTOR CARRIER REGULATORY UNIT

TELEPHONE:

919-861-3720

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR CARRIER SINGLE STATE INSURANCE RECEIPT FOR INTERSTATE COMMERCE
REGULATED CARRIERS (COMMON AND CONTRACT)

STATUTORY AUTHORITY:

GS 20-382; GS 20-385

APPLICATION FORM TITLE:

RS1 AND RS2

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (RECEIPT GOOD FROM JANUARY 1 TO DECEMBER 31)

FEES:

\$1.00 PER VEHICLE UNLESS RECIPROCAL STATE
NO CHARGE FOR RECIPROCAL
RENEWAL: SAME

REQUIREMENTS OTHER THAN FEE:

MOTOR CARRIER MUST BE IN FULL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER
REGULATIONS ADOPTED BY NORTH CAROLINA IN 1935

EXEMPT BUS

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/VEHICLE REGISTRATION SECTION

ADDRESS:

1425 ROCK QUARRY ROAD, SUITE 100, RALEIGH, NC 27610

CONTACT:

NCDMV, REGISTRATION SECTION AND IRP MOTOR CARRIER REGULATORY UNIT

TELEPHONE:

919-861-3726 OR 861-3577

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EXEMPT BUS CERTIFICATES

STATUTORY AUTHORITY:

GS 20-376; GS 20-385; .0803 ADMINISTRATIVE CODE

APPLICATION FORM TITLE:

MC-19

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID AS LONG AS MOTOR CARRIER OPERATES AS EXEMPT PASSENGER CARRIER

FEES:

INITIAL: \$25.00 PLUS \$1.00 FOR EACH BUS LICENSED

RENEWAL: \$1.00 PER BUS LICENSED EACH YEAR

REQUIREMENTS OTHER THAN FEE:

LIABILITY INSURANCE 15 PASSENGERS OR LESS - 1.5 MILLION DOLLARS;

LIABILITY INSURANCE 16 OR MORE PASSENGERS - 5 MILLION DOLLARS

CERTIFICATE OF INSURANCE DESCRIBING VEHICLE

INTERNATIONAL REGISTRATION PLAN TRIP

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/VEHICLE REGISTRATION SECTION

ADDRESS:

1425 ROCK QUARRY ROAD, SUITE 100, RALEIGH, NC 27610

CONTACT:

IRP SECTION OR ENFORCEMENT SECTION

TELEPHONE:

919-861-3185; IRP 919-861-3720

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INTERNATIONAL REGISTRATION PLAN TRIP PERMIT MONETARY RECEIPT-NO LICENSE

STATUTORY AUTHORITY:

GS-20-86.1

APPLICATION FORM TITLE:

TELEPHONE REQUEST OR PERMITTING SERVICE REQUEST OR MAY
PURCHASE AT NORTH CAROLINA WEIGH STATIONS IF APPLICANT CALLS
VIA PHONE PRIOR TO ENTERING NORTH CAROLINA.

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

10 DAYS FROM DATE OF ISSUANCE

FEES:

INITIAL: \$15.00

RENEWAL: NON-RENEWABLE

REQUIREMENTS OTHER THAN FEE:

PROPERLY REGISTERED IN BASE JURISDICTION; VALID IN NC FOR BASE STATE
LICENSE WEIGHT

MOTOR CARRIER REGULATION

PURPOSE:

REGULATORY REQUIREMENT

DEPARTMENT:

TRANSPORTATION

DIVISION:

MOTOR VEHICLES/VEHICLE REGISTRATION SECTION

ADDRESS:

1425 ROCK QUARRY ROAD, SUITE 100, RALEIGH, NC 27610

CONTACT:

NCDMV, IRP SECTION, MOTOR CARRIER REGULATORY UNIT

TELEPHONE:

919-861-3720

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MOTOR CARRIER IDENTIFICATION "BINGO" STAMPS FOR EXEMPT INTERSTATE
FOR HIRE CARRIERS

STATUTORY AUTHORITY:

GS 20-382; GS 20-385

APPLICATION FORM TITLE:

MC-2 & MC-4

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

12 MONTHS

FEES:

INITIAL: REGISTRATION \$25.00 PLUS \$1.00 PER VEHICLE UNLESS RECIPROCAL
STATE; NO CHARGE FOR RECIPROCAL
RENEWAL: SAME AS ABOVE

REQUIREMENTS OTHER THAN FEE:

MOTOR CARRIER MUST BE IN FULL COMPLIANCE WITH THE FEDERAL MOTOR
CARRIER REGULATIONS ADOPTED BY NORTH CAROLINA IN 1935.

OCCUPATIONAL LICENSES

NAME OF BOARD:

BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS
(AUDIOLOGY)

ADDRESS:

PO BOX 16885, GREENSBORO, NC 27416-0885

CONTACT:

SANDRA S. CAPPS, EXECUTIVE SECRETARY, AT ABOVE ADDRESS

TELEPHONE:

336-272-1828 FAX 336-272-4353
EMAIL: NCBOE@BELLSOUTH.NET
WEB ADDRESS: WWW.NCBOESLPA.ORG

OFFICE HOURS:

8:30 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

AUDIOLOGY LICENSE

STATUTORY AUTHORITY:

GS 90-292, ARTICLE 22

APPLICATION FORM TITLE:

SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$30.00 APPLICATION; \$40.00 LICENSE; \$40.00 RENEWAL

EXAM:

SPECIALTY SECTION OF NATIONAL TEACHERS EXAMINATION DATES OR
HOURS GIVEN: CONTACT BOARD LOCATIONS: CONTACT BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS
(PATHOLOGY)

ADDRESS:

PO BOX 16885, GREENSBORO, NC 27416-0885

CONTACT:

SANDRA S. CAPPS, EXECUTIVE SECRETARY, AT ABOVE ADDRESS

TELEPHONE:

336-272-1828 FAX 336-272-4353
EMAIL: NCBOE@BELLSOUTH.NET
WEB ADDRESS: WWW.NCBOESLPA.ORG

OFFICE HOURS:

8:30 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SPEECH PATHOLOGY LICENSE

STATUTORY AUTHORITY:

GS 90-292, ARTICLE 22

APPLICATION FORM TITLE:

SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$30.00 APPLICATION; \$40.00 LICENSE; \$40.00 RENEWAL

EXAM:

SPECIALTY SECTION OF NATIONAL TEACHERS EXAMINATION
DATES OR HOURS GIVEN: CONTACT BOARD
LOCATIONS: CONTACT BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS
(ASSISTANT REGISTRATION)

ADDRESS:

PO BOX 16885, GREENSBORO, NC 27426-0885

CONTACT:

SANDRA S. CAPPS, EXECUTIVE SECRETARY, AT ABOVE ADDRESS

TELEPHONE:

336-272-1828 FAX 336-272-4353
EMAIL: NCBOE@BELLSOUTH.NET
WEB ADDRESS: NCBOESLPA.ORG

OFFICE HOURS:

8:30 AM - 4:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SLP-ASSISTANT REGISTRATION

STATUTORY AUTHORITY:

GS 90-292, ARTICLE 22

APPLICATION FORM TITLE:

SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR RENEWAL

FEES:

\$40.00 SLP-ASSISTANT REGISTRATION FEE

EXAM:

NATIONAL TEACHERS EXAMINATION - PRAXIS

OCCUPATIONAL LICENSES

NAME OF BOARD:

MIDWIFERY JOINT COMMITTEE

ADDRESS:

PO BOX 2129, RALEIGH, NC 27602

CONTACT:

JEAN H. STANLEY, CPS AT THE ABOVE ADDRESS

TELEPHONE:

919-782-3211

WEB ADDRESS: WWW.NCBON.COM

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

APPROVAL TO PRACTICE MIDWIFERY

STATUTORY AUTHORITY:

GS 90-178.1

APPLICATION FORM TITLE:

APPLICATION TO PRACTICE MIDWIFERY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL, DUE BY BIRTH MONTH OF EVERY YEAR

FEES:

\$100.00 INITIAL APPROVAL; \$50.00 RENEWAL

NOTES:

CERTIFICATION BY AMERICAN COLLEGE OF NURSE-MIDWIVES REQUIRED

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC ACUPUNCTURE LICENSING BOARD

ADDRESS:

PO BOX 10686, RALEIGH, NC 27605

CONTACT:

PAOLA RIBADENEIRA, EXECUTIVE SECRETARY

TELEPHONE:

919-821-3008

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE ACUPUNCTURE

STATUTORY AUTHORITY:

GS 90-450 THROUGH GS 90-459

APPLICATION FORM TITLE:

APPLICATION TO PRACTICE ACUPUNCTURE IN NC

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

APPLICATION:	\$100.00
EXAMINATION:	N/A
LICENSE:	\$500.00
RENEWAL:	\$300.00

EXAM:

NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE & ORIENTAL
MEDICINE
LOCATION: VARIES
NCCAOM EXAM

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC APPRAISAL BOARD

ADDRESS:

PO BOX 20500, RALEIGH, NC 27619-0500

CONTACT:

MEL BLACK, EXECUTIVE DIRECTOR

TELEPHONE:

919-420-7920 FAX 919-420-7925

WEB ADDRESS: WWW.NCAPPRaisalBOARD.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE-CERTIFIED GENERAL REAL ESTATE APPRAISER
STATE-CERTIFIED RESIDENTIAL REAL ESTATE APPRAISER
STATE-LICENSED RESIDENTIAL REAL ESTATE APPRAISER
REGISTERED TRAINEE

STATUTORY AUTHORITY:

GS 93E, ARTICLE 1

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY-JUNE)
RENEWAL \$200 (APPLICABLE TO ALL FOUR CATEGORIES OF REGISTRATION,
LICENSURE, AND CERTIFICATION)

EXAM:

YES - BY TESTING SERVICE (PROMISSOR) - ASHEVILLE, HUNTERSVILLE/
CHARLOTTE, NEW BERN, RALEIGH, STATESVILLE, AND WILMINGTON

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC APPRAISAL BOARD (TEMPORARY PERMITS)

ADDRESS:

PO BOX 20500, RALEIGH, NC 27619-0500

CONTACT:

MEL BLACK, EXECUTIVE DIRECTOR

TELEPHONE:

919-420-7920 FAX: 919-420-7925

WEB ADDRESS: WWW.NCAPPRaisalBOARD.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TEMPORARY PERMITS FOR REGISTERED TRAINEE, STATE-LICENSED RESIDENTIAL,
STATE-CERTIFIED RESIDENTIAL AND STATE-CERTIFIED GENERAL

STATUTORY AUTHORITY:

GS 93E, ARTICLE 1

APPLICATION FORM TITLE:

TEMPORARY PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JOB SPECIFIC AND DATE SPECIFIC

FEES:

\$150

EXAM:

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC AUCTIONEER LICENSING BOARD (APPRENTICE)

ADDRESS:

602 STELLATA DRIVE, FUQUAY-VARINA, NC 27526

CONTACT:

CONNIE M. CRISMAN, ADMINISTRATIVE OFFICER, AT THE ABOVE ADDRESS

TELEPHONE:

919-567-2844 FAX 919-567-2865

EMAIL: INFO@NCALB.ORG

WEB ADDRESS: WWW.NCALB.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

APPRENTICE AUCTIONEER

STATUTORY AUTHORITY:

GS 85B

APPLICATION FORM TITLE:

APPLICATION FOR AUCTIONEER LICENSE OR APPRENTICE AUCTIONEER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30 (VALID FROM JULY 1 OR FROM THE DATE ISSUED TO THE
SUCCEEDING JUNE 30)

FEES:

APPLICATION FOR LICENSE \$50.00; ISSUANCE OR RENEWAL OF LICENSE \$100.00

NOTES:

RECOVERY FUND FEE REQUIRED WITH APPLICATION (\$50.00).

EFFECTIVE JULY 1, 1999, EACH APPLICANT IS REQUIRED TO BE A HIGH SCHOOL
GRADUATE OR HAVE A GED EQUIVALENT. ADDITIONALLY, EACH APPLICANT IS
REQUIRED TO SUBMIT FINGERPRINT CARD(S) TO BE FORWARDED TO THE SBI
(STATE BUREAU OF INVESTIGATION) FOR A CRIMINAL HISTORY RECORDS SEARCH.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC AUCTIONEER LICENSING BOARD (AUCTIONEER)

ADDRESS:

602 STELLATA DRIVE, FUQUAY-VARINA, NC 27526

CONTACT:

CONNIE M. CRISMAN, ADMINISTRATIVE OFFICER, AT THE ABOVE ADDRESS

TELEPHONE:

919-567-2844 FAX 919-567-2865

EMAIL: INFO@NCALB.ORG

WEB ADDRESS: WWW.NCALB.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

AUCTIONEER

STATUTORY AUTHORITY:

GS 85B

APPLICATION FORM TITLE:

APPLICATION FOR AUCTIONEER LICENSE OR APPRENTICE AUCTIONEER LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30 (VALID FROM JULY 1 OR FROM THE DATE ISSUED TO THE
SUCCEEDING JUNE 30)

FEES:

APPLICATION FOR LICENSE \$50.00; EXAMINATION \$50.00; ISSUANCE OR
RENEWAL OF LICENSE \$150.00

EXAM:

AUCTIONEER'S WRITTEN EXAM (3 HOURS)

DATES OR HOURS GIVEN: 1ST THURSDAY IN FEB., APRIL, JUNE, AUG., OCT. &
DECEMBER (1:00 PM)

LOCATIONS: FUQUAY-VARINA, BOARD OFFICE, 602 STELLATA DRIVE

NOTES:

RECOVERY FUND FEE IS REQUIRED WITH EACH APPLICATION (\$50.00).
EFFECTIVE JULY 1, 1999, EACH APPLICANT IS REQUIRED TO BE A HIGH SCHOOL
GRADUATE OR HAVE A GED EQUIVALENT. EACH APPLICANT WILL BE REQUIRED TO
SUBMIT FINGERPRINT CARD(S) TO BE FORWARDED TO THE SBI (STATE BUREAU OF
INVESTIGATION) FOR A CRIMINAL HISTORY RECORDS SEARCH.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC AUCTIONEER LICENSING BOARD (FIRM LICENSE)

ADDRESS:

602 STELLATA DRIVE, FUQUAY-VARINA, NC 27526

CONTACT:

CONNIE M. CRISMAN, ADMINISTRATIVE OFFICE, AT THE ABOVE ADDRESS

TELEPHONE:

919-567-2844 FAX 919-567-2865

EMAIL: INFO@NCALB.ORG

WEB ADDRESS: WWW.NCALB.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

AUCTION FIRM LICENSE

STATUTORY AUTHORITY:

GS 85B

APPLICATION FORM TITLE:

APPLICATION FOR AUCTION FIRM LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JULY 1 - JUNE 30 (VALID FROM JULY 1 OR FROM THE DATE ISSUED TO THE SUCCEEDING JUNE 30)

FEES:

APPLICATION FOR LICENSE \$50.00; EXAMINATION \$50.00; ISSUANCE OR RENEWAL OF LICENSE \$150.00

EXAM:

AUCTION FIRM WRITTEN EXAM (1 HOUR) MAY BE REQUIRED IF APPLICANT IS NOT A CURRENTLY LICENSED AUCTIONEER OR REAL ESTATE BROKER. EXAM IS GIVEN AT THE BOARD'S OFFICE IN FUQUAY-VARINA. APPLICANTS SHOULD CALL AND SCHEDULE AN APPOINTMENT WITH STAFF.

NOTES:

RECOVERY FUND FEE REQUIRED WITH APPLICATION (\$50.00). EFFECTIVE JULY 1, 1999, EACH PRINCIPAL, OFFICER AND DESIGNATED PERSON(S) OF AN AUCTION FIRM IS REQUIRED TO BE A HIGH SCHOOL GRADUATE OR HAVE GED EQUIVALENT. EACH PRINIIPAL, OFFICER AND DESIGNATED PERSON(S) IS REQUIRED TO SUBMIT FINGERPRINT CARD(S) TO BE FORWARDED TO THE SBI (STATE BUREAU OF INVESTIGATION) FOR A CRIMINAL HISTORY RECORDS SEARCH.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD FOR LICENSING OF GEOLOGISTS

ADDRESS:

PO BOX 41225, RALEIGH, NC 27629-1225

CONTACT:

ROBERT M. UPTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-850-9669 FAX 919-872-1598

WEB ADDRESS: WWW.NCBLG.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTRATION AS A LICENSED GEOLOGIST

STATUTORY AUTHORITY:

GS 89-E

APPLICATION FORM TITLE:

APPLICATION FOR LICENSING AS A GEOLOGIST

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, JULY 1 TO JUNE 30

FEES:

FEE SCHEDULE BELOW

EXAM:

YES; ONE-DAY EXAMINATION DATES OR HOURS GIVEN: SEMI-ANNUALLY,
APRIL & SEPTEMBER LOCATIONS: RALEIGH, NC
ANNUAL RENEWAL OF LICENSE-----\$85.00
APPLICATION FOR REINSTATEMENT OF LICENSE-----\$50.00
STAMP AND SEAL FOR LICENSED GEOLOGISTS--COST PLUS---\$ 5.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD FOR LICENSING OF GEOLOGISTS

ADDRESS:

PO BOX 41225, RALEIGH, NC 27629-1225

CONTACT:

ROBERT M. UPTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-850-9669

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTRATION FOR A GEOLOGICAL CORPORATION

STATUTORY AUTHORITY:

GS 89-E AND GS 55-B

APPLICATION FORM TITLE:

APPLICATION FOR LICENSING OF A CORPORATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, COMMENCING ON JULY 1

FEES:

FEE SCHEDULE BELOW

EXAM:

N/A

NOTES:

APPLICATION FOR CORPORATE REGISTRATION.....\$50.00
ANNUAL RENEWAL OF CERTIFICATE OF REGISTRATION
FOR CORPORATIONS.....\$25.00
REGISTERED GEOLOGICAL CORPORATION STAMP & SEAL:
COST PLUS.....\$ 5.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD FOR LICENSING OF SOIL SCIENTISTS

ADDRESS:

PO BOX 5316, RALEIGH, NC 27650-5316

CONTACT:

RICHARD BROOKS, PO BOX 7619, RALEIGH, NC 27695

TELEPHONE:

919-250-0724

WEB ADDRESS: WWW.NCBLSS.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSED SOIL SCIENTIST

STATUTORY AUTHORITY:

GS 89F (NORTH CAROLINA SOIL SCIENTIST LICENSING ACT)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL

FEES:

APPLICATION.....\$50.00

LICENSE.....\$85.00

SEAL.....\$30.00

RENEWAL.....\$50.00

EXAM:

WRITTEN EXAMINATION REQUIRED.

NOTES:

LICENSED SOIL SCIENTISTS MUST HAVE A BACHELOR OF SCIENCE DEGREE WITH 30 HOURS OF SCIENCES AND 15 HOURS OF SOIL SCIENCE, PLUS THREE YEARS PRACTICING EXPERIENCE. LICENSED SOIL SCIENTISTS MUST ALSO MEET CONTINUING EDUCATION REQUIREMENTS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF ARCHITECTURE

ADDRESS:

127 W. HARGETT STREET, SUITE 304, RALEIGH, NC 27601

CONTACT:

CATHE M. EVANS, EXECUTIVE DIRECTOR, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9544 FAX 919-733-1272

EMAIL: NCBA@NCBARCH.ORG

WEB SITE: WWW.NCBARCH.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCCUPATIONAL LICENSES AND REGISTRATION OF PROFESSIONAL ARCHITECTURAL
CORPORATIONS

STATUTORY AUTHORITY:

GS 83A

APPLICATION FORM TITLE:

APPLICATION FOR ARCHITECT REGISTRATION - APPLICATION FOR
REGISTRATION OF PROFESSIONAL ARCHITECTURAL CORPORATIONS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

SEE GS 83A-4 AND 21NCAC2, 0108

EXAM:

YES (TOTAL COST OF EXAMINATION \$980.00)

DATES OR HOURS GIVEN: CONTACT EXECUTIVE DIRECTOR

LOCATIONS: CONTACT EXECUTIVE DIRECTOR

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF ATHLETIC TRAINER EXAMINERS

ADDRESS:

11-A GLENWOOD AVENUE, RALEIGH, NC 27605

MAILING ADDRESS: PO BOX 10769, RALEIGH, NC 27605

CONTACT:

JIM SCARBOROUGH, ADMINISTRATOR

TELEPHONE:

919-821-4980

EMAIL: J.SCARBOROUGH@MINDSPRING.COM

WEB ADDRESS: WWW.NCBATE.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSED ATHLETIC TRAINER

STATUTORY AUTHORITY:

GS 90-522

APPLICATION FORM TITLE:

ATHLETIC TRAINER APPLICATION PACKET

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

\$100.00 - LICENSURE

\$ 50.00 - RENEWAL

EXAM:

N/A

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF BARBER EXAMINERS (APPRENTICE)

ADDRESS:

2321 CRABTREE BLVD., SUITE 110, RALEIGH, NC 27604

CONTACT:

KELLY BRAAM, AT THE ABOVE ADDRESS

EMAIL: KBRAAM@INTREX.NET

TELEPHONE:

919-981-5210

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - THURSDAY; 8:00 AM - 4:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

APPRENTICE CERTIFICATE

STATUTORY AUTHORITY:

GS 86A

APPLICATION FORM TITLE:

APPRENTICE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

\$50.00 EXAM; \$30.00 RENEWAL

EXAM:

YES

DATES OR HOURS GIVEN: CONTACT BOARD

LOCATIONS: BARBER SCHOOLS

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF BARBER EXAMINERS (INSTRUCTORS)

ADDRESS:

2321 CRABTREE BLVD., SUITE 110, RALEIGH, NC 27604

CONTACT:

KELLY BRAAM, AT THE ABOVE ADDRESS

EMAIL: KBRAAM@INTREX.NET

TELEPHONE:

919-981-5210

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - THURSDAY; 8:00 AM - 4:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

INSTRUCTOR CERTIFICATE

STATUTORY AUTHORITY:

GS 86A

APPLICATION FORM TITLE:

INSTRUCTOR APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

EXAM - \$95.00; \$50.00 CERTIFICATE

EXAM:

YES

DATES OR HOURS GIVEN: CONTACT BOARD

LOCATIONS: CONTACT BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF BARBER EXAMINERS (REGISTERED CERTIFICATE)

ADDRESS:

2321 CRABTREE BLVD., SUITE 110, RALEIGH, NC 27604

CONTACT:

KELLY BRAAM, AT THE ABOVE ADDRESS

EMAIL: KBRAAM@INTREX.NET

TELEPHONE:

919-981-5210

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - THURSDAY; 8:00 AM - 4:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTERED CERTIFICATE

STATUTORY AUTHORITY:

GS 86A

APPLICATION FORM TITLE:

REGISTERED APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

\$50.00 EXAM; \$30.00 RENEWAL

EXAM:

YES

DATES OR HOURS GIVEN: CONTACT BOARD

LOCATIONS: BARBER SCHOOLS

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF BARBER EXAMINERS (SCHOOL PERMIT)

ADDRESS:

2321 CRABTREE BLVD., SUITE 110, RALEIGH, NC 27604

CONTACT:

KELLY BRAAM, AT THE ABOVE ADDRESS

EMAIL: KBRAAM@INTREX.NET

TELEPHONE:

919-981-5210

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - THURSDAY; 8:00 AM - 4:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SCHOOL PERMIT

STATUTORY AUTHORITY:

GS 86A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

INITIAL: \$75.00

RENEWAL: \$75.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF BARBER EXAMINERS (SHOP PERMIT)

ADDRESS:

2321 CRABTREE BLVD., SUITE 110, RALEIGH, NC 27604

CONTACT:

KELLY BRAAM, AT THE ABOVE ADDRESS

EMAIL: KBRAAM@INTREX.NET

TELEPHONE:

919-981-5210

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - THURSDAY; 8:00 AM - 4:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

SHOP PERMIT

STATUTORY AUTHORITY:

GS 86A

APPLICATION FORM TITLE:

NEW SHOP APPLICATION; CHANGE OF MANAGER APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

\$30.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF BARBER EXAMINERS (STUDENT PERMIT)

ADDRESS:

2321 CRABTREE BLVD., SUITE 110, RALEIGH, NC 27604

CONTACT:

KELLY BRAAM, AT THE ABOVE ADDRESS

EMAIL: KBRAAM@INTREX.NET

TELEPHONE:

919-981-5210

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - THURSDAY; 8:00 AM - 4:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STUDENT PERMIT

STATUTORY AUTHORITY:

GS 86A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL

FEES:

\$15.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF CHIROPRACTIC EXAMINERS

ADDRESS:

174 CHURCH STREET, NORTH, CONCORD, NC 28025

CONTACT:

CAROL HALL, EXECUTIVE SECRETARY

EMAIL: CAROLHALL@CTC.NET

WEB ADDRESS: WWW.NCCHIROBOARD.ORG

OFFICE HOURS:

8:00 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

1) CHIROPRACTIC LICENSE 2) CERTIFICATES FOR PERSONS PRODUCING
DIAGNOSTIC IMAGES IN THE OFFICE OF A LICENSED DC

STATUTORY AUTHORITY:

GS 90-143; GS 90-143.2

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JANUARY 1 - DECEMBER 31)

FEES:

CHIROPRACTIC LICENSE RENEWAL \$150.00; CERTIFICATE \$20.00

EXAM:

\$300.00

NOTES:

THE BOARD OF EXAMINERS MUST CERTIFY THE COMPETENCE OF ANY PERSON
EMPLOYED BY A LICENSED CHIROPRACTOR IF THE EMPLOYEE PRODUCES DIAGNOSTIC
IMAGES, WHETHER BY X-RAY OR OTHER TECHNOLOGY. APPLICANTS FOR CERTIFI-
CATION MUST BE PROFICIENT IN THE FOLLOWING AREAS:

- 1) PHYSICS AND EQUIPMENT OF RADIOGRAPHIC IMAGING
- 2) PRINCIPLES OF RADIOGRAPHIC EXPOSURE
- 3) RADIOGRAPHIC PROTECTION
- 4) ANATOMY AND PHYSIOLOGY
- 5) RADIOGRAPHIC POSITIONING AND PROCEDURE

THE BOARD MAY ADOPT RULES RELATIVE TO INITIAL EDUCATIONAL REQUIREMENTS,
EXAMS AND CONTINUING EDUCATIONAL REQUIREMENTS.

LICENSED CHIROPRACTORS MAY PRACTICE IN PUBLIC HOSPITALS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF DENTAL EXAMINERS

ADDRESS:

15100 WESTON PARKWAY, SUITE 101, CARY, NC 27513

CONTACT:

CELESTE R. KOHLER, LICENSING COORDINATOR

TELEPHONE:

919-678-8223 FAX: 919-678-8472

WEB ADDRESS: WWW.NCDENTALBOARD.ORG

OFFICE HOURS:

8:30 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE DENTAL HYGIENE OR DENTISTRY

PERMIT TO ADMINISTER IV SEDATION/GENERAL ANESTHESIA/ENTERAL SEDATION

STATUTORY AUTHORITY:

DENTAL HYGIENE - GS 90, ARTICLE 16

DENTISTRY - GS 90, ARTICLE 2

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE

APPLICATION FOR LICENSE TO PRACTICE DENTISTRY

APPLICATION FOR GENERAL ANESTHESIA OR SEDATION PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LICENSES AND PERMITS ARE PERPETUAL, WITH ANNUAL RENEWAL (JANUARY 1 - DECEMBER 31)

FEES:

DDS: \$500.00 EXAM FEE \$130.00 RENEWAL FEE

OR \$2,000 CREDENTIALING FEE

DH: \$125.00 EXAM FEE \$ 75.00 RENEWAL FEE

OR \$750 CREDENTIALING FEE

ANESTHESIA/SEDATION PERMIT: \$ 50.00 APPLICATION FEE

\$275.00 EVALUATION FEE

\$ 50.00 RENEWAL FEE

EXAM:

YES - DENTAL AND DENTAL HYGIENE

DATES OR HOURS GIVEN: CONTACT BOARD OFFICE

LOCATION: UNC SCHOOL OF DENTISTRY, CHAPEL HILL, NC

NOTES:

ALL INDIVIDUALS DESIRING TO PRACTICE DENTISTRY OR DENTAL HYGIENE IN NORTH CAROLINA MUST TAKE THE STATE BOARD EXAMINATION OR BE LICENSED

OCCUPATIONAL LICENSES

(CONTINUED)

BY CREDENTIALS.

ALL INDIVIDUALS DESIRING TO ADMINISTER IV SEDATION, ENTERAL SEDATION
OR GENERAL ANESTHESIA MUST QUALIFY UNDER SUBCHAPTER 16Q, SECTION OF
BOARD RULES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF DIETETICS/NUTRITION

ADDRESS:

1500 SUNDAY DRIVE, SUITE 102, RALEIGH, NC 27607

CONTACT:

KATHLEEN P. NORRIS, EXECUTIVE SECRETARY AT THE ABOVE ADDRESS

TELEPHONE:

919-861-5580

WEB SITE: WWW.NCBDN.ORG

OFFICE HOURS:

8:45 AM - 4:45 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSED DIETITIAN/NUTRITIONIST (LDN)

STATUTORY AUTHORITY:

GS 90, ARTICLE 25

APPLICATION FORM TITLE:

DIETITIAN/NUTRITIONIST LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

I YEAR

FEES:

APPLICATION: \$ 50.00

LICENSE: \$125.00

RENEWAL: \$ 75.00

EXAM:

TO TAKE NCBDN COMPETENCY EXAMINATION, CONTACT BOARD OFFICE.

NOTES:

APPLICANTS FOR LICENSURE MUST: 1) SUBMIT A COMPLETED APPLICATION; 2) SUBMIT ANY FEES REQUIRED; AND MUST 3) (A) PROVIDE EVIDENCE OF CURRENT REGISTRATION AS A REGISTERED DIETITIAN BY CDR; OR (B) PROVIDE EVIDENCE OF COMPLETING ACADEMIC REQUIREMENTS, PROVIDE EVIDENCE OF COMPLETING SUPERVISED PRACTICE REQUIREMENTS, AND PROVIDE EVIDENCE OF SUCCESSFULLY COMPLETING THE EXAMINATION. THE BOARD MAY GRANT A LICENSE WITHOUT EXAMINATION TO A PERSON WHO HOLDS A VALID OUT-OF-STATE LICENSE AS A LICENSED DIETITIAN/NUTRITIONIST IF THE BOARD DETERMINES THAT REQUIREMENTS FOR THAT OUT-OF-STATE LICENSE ARE SUBSTANTIALLY THE SAME AS NORTH CAROLINA'S REQUIREMENTS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF ELECTROLYSIS EXAMINERS

ADDRESS:

PO BOX 13626, GREENSBORO, NC 27415-3626

CONTACT:

TRUDY BROWN (VICE CHAIR OF NCBE)

TELEPHONE:

336-841-4025

OFFICE HOURS:

PART TIME OFFICE MANAGER - HOURS WILL VARY

LICENSES, PERMITS, OR CERTIFICATES:

ELECTROLOGIST LICENSE

STATUTORY AUTHORITY:

GS 88A, 1 TO 23

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE AS AN ELECTROLOGIST

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$100.00

RENEWAL: \$125.00; LATE RENEWAL: \$50.00

REINSTATEMENT OF EXPIRED LICENSE: \$250.00

EXAM:

EXAMS ARE HELD TWICE A YEAR (JANUARY AND SEPTEMBER) IN TWO PARTS ON THE SAME DAY (WRITTEN AND PRACTICAL)

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF ELECTROLYSIS EXAMINERS (INSTRUCTOR)

ADDRESS:

PO BOX 13626, GREENSBORO, NC 27415-3626

CONTACT:

TRUDY BROWN (VICE CHAIR OF NCBE)

TELEPHONE:

336-841-4025

OFFICE HOURS:

PART TIME OFFICE MANAGER - HOURS WILL VARY

LICENSES, PERMITS, OR CERTIFICATES:

ELECTROLOGY INSTRUCTOR CERTIFICATION

STATUTORY AUTHORITY:

GS 88A, 1 TO 23

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION AS AN ELECTROLOGY INSTRUCTOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$150.00

RENEWAL: \$ 75.00

THE SAME DAY (WRITTEN AND PRACTICAL)

NOTES:

APPLICANT MUST SUBMIT APPLICATION; BE A LICENSED ELECTROLOGIST;
PRACTICE ELECTROLOGY ACTIVELY FOR AT LEAST FIVE YEARS IMMEDIATELY
BEFORE THE APPLICATION; AND PASS A WRITTEN EXAMINATION GIVEN BY THE
BOARD.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF ELECTROLYSIS EXAMINERS (SCHOOL)

ADDRESS:

PO BOX 13626, GREENSBORO, NC 27415-3626

CONTACT:

TRUDY BROWN (VICE CHAIR OF NCBEE)

TELEPHONE:

336-841-4025

OFFICE HOURS:

PART TIME OFFICE MANAGER - HOURS WILL VARY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO OPERATE A SCHOOL OF ELECTROLOGY

STATUTORY AUTHORITY:

GS 88A, 1 TO 23

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION AS AN ELECTROLOGY SCHOOL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$500.00

RENEWAL: \$250.00; LATE RENEWAL CHARGE: \$50.00;

REINSTATEMENT OF EXPIRED LICENSE: \$250.00

EXAM:

N/A

NOTES:

APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS:

- 1) SUBMIT APPLICATION;
 - 2) SUBMIT A DETAILED PROJECT FLOOR PLAN OF THE INSTITUTIONAL AREA;
 - 3) SUBMIT A DETAILED LIST OF EQUIPMENT TO BE USED BY STUDENTS;
 - 4) SUBMIT A COPY OF ELECTROLOGY CURRICULUM;
 - 5) SUBMIT A CERTIFIED COPY OF THE SCHOOL'S MANUAL OF INSTRUCTION; AND
 - 6) SUBMIT THE NAMES AND QUALIFICATIONS OF CERTIFIED INSTRUCTORS.
- A SCHOOL'S CERTIFICATION IS ONLY VALID FOR THE LOCATION NAMED IN THE APPLICATION, AND IS NOT TRANSFERABLE.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS FOR ENGINEERS AND SURVEYORS

ADDRESS:

310 WEST MILLBROOK ROAD, RALEIGH, NC 27609

CONTACT:

ANDREW L. RITTER, EXECUTIVE DIRECTOR

TELEPHONE:

919-841-4000

WEB ADDRESS: WWW.NCBELS.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

BUSINESS LICENSURE

STATUTORY AUTHORITY:

GS 89C

APPLICATION FORM TITLE:

PROFESSIONAL CORPORATE APPLICATION KIT(N/C), FIRM APPLICATION KIT(N/C)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$50.00 ANNUAL RENEWAL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS FOR ENGINEERS AND SURVEYORS

ADDRESS:

310 WEST MILLBROOK ROAD, RALEIGH, NC 27609

CONTACT:

ANDREW L. RITTER, EXECUTIVE DIRECTOR

TELEPHONE:

919-841-4000

WEB ADDRESS: WWW.NCBELS.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROFESSIONAL ENGINEER (PE)

STATUTORY AUTHORITY:

GS 89C

APPLICATION FORM TITLE:

ENGINEERING APPLICATION KIT (\$5.00)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$50.00 ANNUAL RENEWAL

EXAM:

FUNDAMENTALS AND PRINCIPLES AND PRACTICE EXAM FOR INDIVIDUAL
LICENSURE. EXAMS ARE NATIONAL EXAMS OFFERED EACH APRIL AND OCTOBER

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS FOR ENGINEERS AND SURVEYORS

ADDRESS:

310 WEST MILLBROOK ROAD, RALEIGH, NC 27609

CONTACT:

ANDREW L. RITTER, EXECUTIVE DIRECTOR

TELEPHONE:

919-841-4000

WEB ADDRESS: WWW.NCBELS.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROFESSIONAL LAND SURVEYOR

STATUTORY AUTHORITY:

GS 89C

APPLICATION FORM TITLE:

LAND SURVEYING APPLICATION KIT (\$5.00)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$50.00 ANNUAL RENEWAL

EXAM:

FUNDAMENTALS AND PRINCIPLES AND PRACTICE EXAM FOR INDIVIDUAL LICENSURE.
EXAMS ARE NATIONAL EXAMS OFFERED EACH APRIL AND OCTOBER.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS IN OPTOMETRY

ADDRESS:

109 N. GRAHAM ST., WALLACE, NC 28466

CONTACT:

DR. JOHN D. ROBINSON, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

910-285-3160 (NC WATTS: 1-800-426-4457 FAX: 910-285-4546)

WEB ADDRESS: WWW.NCOPTOMETRY.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

STATE LICENSURE OF OPTOMETRISTS (INCLUDING INITIAL LICENSURE BY EXAM,
ANNUAL RENEWAL, PROF. ASSNS. & DUPLICATE LICENSES)

STATUTORY AUTHORITY:

GS 90, ARTICLE 6

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUALLY

FEES:

\$300.00 RENEWAL, CURRENT; \$300.00 RENEWAL, MAXIMUM ALLOWED; DUPLICATE
LICENSES \$100.00 INITIAL FEE AND \$100.00 ANNUAL RENEWAL

EXAM:

\$800.00 CURRENT; \$800.00 MAXIMUM ALLOWED

DATES OR HOURS GIVEN: CONTACT BOARD

LOCATIONS: CONTACT BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

ADDRESS:

3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27619

CONTACT:

ROBERT L. BROOKS, JR.

TELEPHONE:

919-733-9042 FAX 919-733-6105

WEB SITE: WWW.NCBEEC.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

ELECTRICAL CONTRACTING LICENSES (SEE NOTES FOR CLASSIFICATIONS)

STATUTORY AUTHORITY:

GS 87-39; GS 87-42; GS 87-43.3; GS 87-43.4

APPLICATION FORM TITLE:

APPLICATION FOR EXAMINATION

APPLICATION FOR LICENSE (FOR PARTICULAR CLASSIFICATION LISTED BELOW)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ONE YEAR

FEES:

VARY ACCORDING TO CLASSIFICATION (FROM \$60.00 TO \$150.00)

EXAM:

YES (EXAMINATION FEE: \$75.00--EXAMINATION AVAILABLE DAILY)

LOCATIONS: ASHEVILLE, HUNTERSVILLE, NEW BERN, RALEIGH, STATESVILLE,
WILMINGTON

NOTES:

CLASSIFICATIONS: UNLIMITED, INTERMEDIATE, LIMITED, SINGLE FAMILY
DETACHED RESIDENTIAL DWELLING; SPECIAL RESTRICTED CLASSIFICATIONS:
ELEVATOR, PLUMBING & HEATING, GROUNDWATER PUMP, ELECTRIC SIGN, LOW
VOLTAGE, AND SWIMMING POOL BONDING.
STATEMENT OF BONDING ABILITY REQUIRED TO ACTIVATE LICENSE IN UNLIMITED
AND INTERMEDIATE CLASSIFICATIONS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS OF PLUMBING, HEATING & FIRE SPRINKLER CONTRACTORS

ADDRESS:

1109 DRESSER COURT, RALEIGH, NC 27609

CONTACT:

SANDRA O'BRIEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3612 FAX 919-875-3616

WEB ADDRESS: WWW.NCLICENSING.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

QUALIFICATION LICENSE FOR HEATING & AIR CONDITIONING CONTRACTORS

STATUTORY AUTHORITY:

GS 87, ARTICLE 2

APPLICATION FORM TITLE:

APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CALENDAR YEAR

FEES:

\$100.00 LICENSE; \$20.00 APPLICATION

(HEATING & AIR CONDITIONING CONTRACTORS) DATES OR HOURS GIVEN:

MONDAY - FRIDAY 7:30 AM - 5:00 PM; SATURDAY 8:00 AM - 4:00 PM

(CONTACT BOARD FOR LOCATIONS)

NOTES:

PERMITS AND INSPECTIONS BY LOCAL INSPECTION DEPARTMENTS; CODE
REQUIREMENTS ADMINISTERED BY NC BUILDING CODE COUNCIL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS OF PLUMBING, HEATING & FIRE SPRINKLER CONTRACTORS

ADDRESS:

1109 DRESSER COURT, RALEIGH, NC 27609

CONTACT:

SANDRA O'BRIEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3612 FAX 919-875-3616

WEB ADDRESS: WWW.NCLICENSING.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

QUALIFICATION LICENSE FOR PLUMBING CONTRACTORS

STATUTORY AUTHORITY:

GS 87, ARTICLE 2

APPLICATION FORM TITLE:

APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CALENDAR YEAR

FEES:

\$100.00 LICENSE; \$25.00 APPLICATION

(PLUMBING CONTRACTORS) DATES OR HOURS GIVEN: MONDAY - FRIDAY 7:30 AM - 5:00 PM; SATURDAY 9:00 AM - 4:00 PM (CONTACT BOARD FOR LOCATIONS)

NOTES:

PERMITS & INSPECTIONS BY LOCAL INSPECTION DEPARTMENTS; CODE REQUIREMENTS ADMINISTERED BY NC BUILDING CODE COUNCIL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS OF PLUMBING, HEATING & FIRE SPRINKLER CONTRACTORS

ADDRESS:

1109 DRESSER COURT, RALEIGH, NC 27609

CONTACT:

SANDRA O'BRIEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3612 FAX 919-875-3616

WEB ADDRESS: WWW.NCLICENSING.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

QUALIFICATION LICENSE FOR FIRE SPRINKLER CONTRACTORS

STATUTORY AUTHORITY:

GS 87, ARTICLE 2

APPLICATION FORM TITLE:

APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CALENDAR YEAR

FEES:

\$75.00 APPLICATION FEE; \$275.00 LICENSE FEE PER YEAR

EXAM:

NICET LEVEL 3 CERTIFICATION DATES OR HOURS GIVEN: PER NICET
LOCATIONS: PER NICET

NOTES:

PERMITS AND INSPECTIONS BY LOCAL INSPECTION DEPARTMENTS; CODE REQUIREMENTS ADMINISTERED BY NC BUILDING CODE COUNCIL.
INFORMATION REGARDING NICET LEVEL 3 CERTIFICATION CAN BE OBTAINED BY CONTACTING:
NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES (NICET)
1420 KING STREET
ALEXANDRIA, VIRGINIA 22314
703-684-2837

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF EXAMINERS OF PLUMBING, HEATING & FIRE SPRINKLER CONTRACTORS

ADDRESS:

1109 DRESSER COURT, RALEIGH, NC 27609

CONTACT:

SANDRA O'BRIEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3612 FAX 919-875-3616

WEB ADDRESS: WWW.NCLICENSING.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

QUALIFICATION LICENSE FOR FUEL PIPING

STATUTORY AUTHORITY:

GS 87, ARTICLE 2

APPLICATION FORM TITLE:

APPLICATION FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CALENDAR YEAR

FEES:

\$100.00 LICENSE; \$25.00 APPLICATION; \$60.00 EXAM

EXAM:

MONDAY - FRIDAY 7:30 AM - 5:00 PM; SATURDAY 9:00 AM - 4:00 PM
(CONTACT BOARD FOR LOCATIONS)

NOTES:

PERMITS AND INSPECTIONS BY LOCAL INSPECTION DEPARTMENTS; CODE
REQUIREMENTS ADMINISTERED BY NC BUILDING CODE COUNCIL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (CHAPEL REGISTRATION)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CHAPEL REGISTRATION

STATUTORY AUTHORITY:

GS 90-210.27A(G)

APPLICATION FORM TITLE:

BMS-57, APPLICATION FORM FOR REGISTRATION OF FUNERAL CHAPEL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$150.00
RENEWAL: \$100.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (COURTESY CARD)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COURTESY CARD

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-37, APPLICATION FORM FOR COURTESY CARD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$75.00
RENEWAL: \$50.00

EXAM:

N/A

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (CREMATORY OPERATOR)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CREMATORY OPERATOR

STATUTORY AUTHORITY:

GS 90 - 210.43

APPLICATION FORM TITLE:

BMS-52 - APPLICATION FORM FOR CREMATORY OPERATOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$400.00
RENEWAL: \$150.00

NOTES:

APPLICANT MUST HAVE HOLDING FACILITY, REFRIGERATION, CREMATION UNIT, AND PROCESSOR. THE BOARD CONDUCTS PERIODIC INSPECTIONS FOR COMPLIANCE WITH REQUIREMENTS AND CLEANLINESS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (EMBALMER)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

EMBALMER LICENSE

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-13, APPLICATION FORM FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$150.00 NC RESIDENT EXAM; \$200.00 NON-RESIDENT EXAM
\$ 40.00 INITIAL; \$40.00 RENEWAL

EXAM:

REQUIRED FOR PERSONAL LICENSE AND APPLICATION FEE LISTED ABOVE
DATES OR HOURS GIVEN: JANUARY, APRIL, JUNE, NOVEMBER
LOCATIONS: MCKIMMON CENTER, RALEIGH, NC

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (FUNERAL DIRECTOR)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FUNERAL DIRECTOR LICENSE

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-12, APPLICATION FORM FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$150.00 NC RESIDENT EXAM; \$200.00 NON-RESIDENT EXAM
\$ 40.00 INITIAL; \$40.00 RENEWAL

EXAM:

REQUIRED FOR PERSONAL LICENSE AND APPLICATION FEE LISTED ABOVE
DATES OR HOURS GIVEN: JANUARY, APRIL, JUNE, NOVEMBER
LOCATIONS: MCKIMMON CENTER, RALEIGH, NC

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (FUNERAL ESTABLISHMENT)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FUNERAL ESTABLISHMENT PERMIT (LICENSE)

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-18, APPLICATION FORM FOR PERMIT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$250.00 INITIAL; \$150.00 RENEWAL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (FUNERAL SERVICE)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

FUNERAL SERVICE LICENSE

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-14, APPLICATION FORM FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

FUNERAL SERVICE: \$150.00 RESIDENT EXAM; \$200.00 NON-RESIDENT EXAM
\$ 60.00 INITIAL; \$60.00 RENEWAL

EXAM:

REQUIRED FOR PERSONAL LICENSE AND APPLICATION FEE AS ABOVE
DATES OR HOURS GIVEN: JANUARY, APRIL, JUNE, NOVEMBER
LOCATIONS: MCKIMMON CENTER, RALEIGH, NC

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (OUT-OF-STATE)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OUT-OF-STATE LICENSE

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-34, APPLICATION FORM FOR OUT-OF-STATE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$200.00 EXAM; INITIAL: \$40.00 FUNERAL DIRECTOR; \$60.00 FUNERAL SERVICE
RENEWAL: \$40.00 FUNERAL DIRECTOR; \$60.00 FUNERAL SERVICE

EXAM:

LAWS AND RULES OF NC BOARD OFFICE
RECIPROCITY FOR OUT-OF-STATE LICENSE; MUST HAVE REQUIREMENTS EQUIVALENT
TO NORTH CAROLINA.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (PRENEED ESTABLISHMENT)
PRENEED DIVISION

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380 FAX 919-733-8271
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRENEED ESTABLISHMENT LICENSE

STATUTORY AUTHORITY:

GS 90-210.67

APPLICATION FORM TITLE:

21 NCAC 34D .0201, APPLICATION FOR PRENEED FUNERAL ESTABLISHMENT
LICENSE (FORM PN-3)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$100.00 PER LOCATION

EXAM:

MUST BE A LICENSED FUNERAL ESTABLISHMENT

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (PRENEED SALES)
PRENEED DIVISION

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380 FAX 919-733-8271
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRENEED SALES LICENSE

STATUTORY AUTHORITY:

GS 90-210.67

APPLICATION FORM TITLE:

21 NCAC 34D .0202, PRENEED SALES LICENSEES (FORM PN-3A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$10.00 PER LICENSE

EXAM:

MUST BE A LICENSED FUNERAL DIRECTOR OR FUNERAL SERVICE LICENSEE

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF FUNERAL SERVICE (RESIDENT TRAINEE)

ADDRESS:

PARKVIEW OFFICE BLDG., 2321 CRABTREE BLVD., STE. 100, RALEIGH, NC 27604
MAILING ADDRESS: PO BOX 27368, RALEIGH, NC 27611-7368

CONTACT:

MARK HENDERSON, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9380/1-800-862-0636
WEB ADDRESS: WWW.NCBFS.ORG

OFFICE HOURS:

8:30 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

RESIDENT TRAINEE PERMIT

STATUTORY AUTHORITY:

GS 90-210.25

APPLICATION FORM TITLE:

BMS-7, FUNERAL DIRECTOR TRAINEE APPLICATION FORM; BMS-8, EMBALMER
TRAINEE APPLICATION FORM; BMS-9, FUNERAL SERVICE TRAINEE APPLICATION
FORM

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$50.00
RENEWAL: \$35.00

EXAM:

N/A

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF LANDSCAPE ARCHITECTS

ADDRESS:

PO BOX 41225, RALEIGH, NC 27629

CONTACT:

ROBERT UPTON, 3733 BENSON DRIVE, RALEIGH, NC 27609

TELEPHONE:

919-850-9088

WEB ADDRESS: WWW.NCBOLA.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

CORPORATE CERTIFICATE OF REGISTRATION FOR LANDSCAPE ARCHITECTURE

STATUTORY AUTHORITY:

GS 89A

APPLICATION FORM TITLE:

APPLICATION FOR CORPORATE CERTIFICATE OF REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY 1 - JUNE 30)

FEES:

SEE COMPLETE FEE SCHEDULE BELOW:

NOTES:

APPLICATION FEES ARE AS FOLLOWS:

LANDSCAPE ARCHITECT REGISTRATION-----\$100
CORPORATE CERTIFICATE OF REGISTRATION-----\$100
EXAMINATION FEE (COMPLETE EXAMINATION)-COST PLUS ADMINISTRATION FEE
REGISTRATION BY RECIPROCITY-----\$150
CORPORATE REGISTRATION-----\$200
ANNUAL RENEWAL (NC INDIVIDUAL & CORP)-----\$100 & \$25
LATE PAYMENT PENALTY -----\$ 50
RE-ISSUE OF CERTIFICATE-----\$ 10

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF LANDSCAPE ARCHITECTS (INDIVIDUAL CERTIFICATE)

ADDRESS:

PO BOX 41225, RALEIGH, NC 27629

CONTACT:

ROBERT UPTON, 3733 BENSON DRIVE, RALEIGH, NC 27609

TELEPHONE:

919-850-9088

WEB ADDRESS: WWW.NCBOLA.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

INDIVIDUAL CERTIFICATE OF REGISTRATION AS A LANDSCAPE ARCHITECT

STATUTORY AUTHORITY:

GS 89A

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION AS A LANDSCAPE ARCHITECT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY 1 - JUNE 30)

FEES:

SEE COMPLETE FEE SCHEDULE BELOW

EXAM:

UNIFORM NATIONAL EXAMINATION, 3 DAYS, GIVEN IN JUNE OF EACH YEAR

DATES OR HOURS GIVEN: THIRD MONDAY, TUESDAY, AND WEDNESDAY IN JUNE

LOCATIONS: RALEIGH, NC

NOTES:

COMPLETE FEE SCHEDULE:

APPLICATION FOR EXAMINATION-----\$100
APPLICATION FOR RECIPROCITY-----\$100
APPLICATION FOR CORPORATE CERTIFICATE-----\$100
REGISTRATION BY RECIPROCITY-----\$150
CORPORATE REGISTRATION-----\$200
COMPLETE EXAMINATION-----COST PLUS ADMINISTRATION FEE
ANNUAL RENEWAL (NC INDIVIDUAL)-\$100 (CORPORATE RENEWAL)-\$25
LATE PAYMENT PENALTY-----\$50
RE-ISSUE OF CERTIFICATE-----\$10

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF LAW EXAMINERS

ADDRESS:

PO BOX 2946, RALEIGH, NC 27602

CONTACT:

FRED P. PARKER, III, SUITE 700, ONE EXCHANGE PLAZA, RALEIGH, NC 27602

TELEPHONE:

919-828-4886

EMAIL: INFO@NCBLE.ORG

WEB ADDRESS: WWW.NCBLE.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSES FOR COMITY APPLICANTS WHOSE APPLICATIONS HAVE BEEN APPROVED

STATUTORY AUTHORITY:

GS 84-24

APPLICATION FORM TITLE:

APPLICATION TO BE ADMITTED TO THE NC BAR BY COMITY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LIFETIME OR UNTIL NC STATE BAR OR COURT REVOKES IT

FEES:

\$1,500.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF LAW EXAMINERS

ADDRESS:

PO BOX 2946, RALEIGH, NC 27602

CONTACT:

FRED P. PARKER, III, SUITE 700, ONE EXCHANGE PLAZA, RALEIGH, NC 27602

TELEPHONE:

919-828-4886

EMAIL: INFO@NCBLE.ORG

WEB ADDRESS: WWW.NCBLE.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE LAW IN NC

STATUTORY AUTHORITY:

GS 84-24

APPLICATION FORM TITLE:

APPLICATION TO TAKE THE NC BAR EXAMINATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

LIFETIME OR UNTIL NC STATE BAR OR COURT REVOKES IT

FEES:

\$400.00; \$500.00; \$1,000.00

EXAM:

BAR EXAM IS A TWO-DAY EXAMINATION; ESSAY PORTION FIRST DAY, MULTISTATE

BAR EXAMINATION SECOND DAY DATES OR HOURS GIVEN:

THE LAST TUESDAY AND WEDNESDAY OF FEBRUARY AND JULY

LOCATIONS: RALEIGH, NC

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF LICENSED PROFESSIONAL COUNSELORS

ADDRESS:

PO BOX 1369, GARNER, NC 27529

CONTACT:

VANESSA PANTOJA

TELEPHONE:

919-661-0820

WEB ADDRESS: WWW.NCBLPC.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - THURSDAY; 9:00 AM - 3:00 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE ISSUED TO COUNSELORS WHO WORK IN PRIVATE PRACTICE OR AGENCY

STATUTORY AUTHORITY:

GS 90, ARTICLE 24

APPLICATION FORM TITLE:

APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

\$100.00 APPLICATION; \$150.00 EXAMINATION; \$100.00 RENEWAL

LICENSE VERIFICATION \$4.00 PER; 6 OR MORE VERIFICATIONS \$20.00

EXAM:

REQUIRED FOR LICENSURE; APPLICANT MUST MEET THE EDUCATIONAL REQUIREMENT BEFORE BEING ELIGIBLE TO SIT FOR EXAMINATION AND HAS TWO YEARS FROM THE DATE APPLIED TO MEET THE OTHER REQUIREMENTS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF MASSAGE AND BODYWORK THERAPY
MAILING ADDRESS: PO BOX 2539, RALEIGH, NC 27602

CONTACT:

CHARLES WILKINS

TELEPHONE:

919-546-0050
WEB ADDRESS: WWW.BMBT.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSES

STATUTORY AUTHORITY:

GS 90, ARTICLE 36 (MASSAGE & BODYWORK THERAPY PRACTICE)

APPLICATION FORM TITLE:

TO BE DETERMINED BY BOARD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS (25 HOURS OF CONTINUING EDUCATION REQUIRED FOR LICENSE RENEWAL)

FEES:

APPLICATION FOR EXAMINATION---\$200.00
LICENSE FEE-----\$150.00
LICENSE RENEWAL-----\$100.00
LATE RENEWAL PENALTY-----\$ 75.00
LICENSE BY RECIPROCITY-----\$ 50.00
DUPLICATE LICENSE-----\$ 25.00
PROVISIONAL LICENSE-----\$150.00

EXAM:

NATIONAL CERTIFICATION EXAMINATION

NOTES:

LICENSURE PROGRAM EXPECTED TO BEGIN IN OCTOBER, 2000.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF NURSING (NURSES AIDE II LISTING)

ADDRESS:

PO BOX 2129, RALEIGH, NC 27602-2129

CONTACT:

NURSE AIDE II REGISTRY - MELISSA WILKERSON

TELEPHONE:

919-782-3211 FAX 919-781-9461

WEB ADDRESS: WWW.NCBON.COM

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NURSES AIDE II LISTING

STATUTORY AUTHORITY:

GS 90-171.55

APPLICATION FORM TITLE:

APPLICATION FOR LISTING AS A NURSE AIDE II

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

NURSE AIDE II LISTING CARDS MUST BE RENEWED BIENNIALY

FEES:

INITIAL: \$24.00

RENEWAL: \$24.00

NOTES:

THE DEPARTMENT OF HEALTH & HUMAN SERVICES (FACILITY SERVICES) APPROVES ALL NURSING AID I PROGRAMS. ALL INITIAL REGISTRY LISTINGS AND RENEWALS FOR NURSING AIDES I ARE HANDLED BY THE DIVISION OF FACILITY SERVICES. (COMPLAINTS OF PATIENT ABUSE, NEGLECT, AND MISAPPROPRIATION OF PATIENT PROPERTY ARE INVESTIGATED BY THE DIVISION OF FACILITY SERVICES.)

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF NURSING (NURSE AIDE II PROGRAM APPROVAL)

ADDRESS:

PO BOX 2129, RALEIGH, NC 27602-2129

CONTACT:

NURSE AIDE II REGISTRY

TELEPHONE:

919-782-3211 FAX 919-781-9461

WEB ADDRESS: WWW.NCBON.COM

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LETTERS OF NURSE AIDE II PROGRAM AND CLINICAL AGENCY APPROVAL

STATUTORY AUTHORITY:

GS 90-171.55

APPLICATION FORM TITLE:

NURSE AIDE II TRAINING AND COMPETENCY EVALUATION PROGRAM APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

REVIEWED ANNUALLY

FEES:

N/A

NOTES:

NURSE AIDE II PROGRAMS AND ASSOCIATED CLINICAL AGENCIES ARE SURVEYED BIENNIALY FOR COMPLIANCE WITH THE RULES GOVERNING PROGRAM APPROVAL AND UNLICENSED PERSONNEL, RESPECTIVELY.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF NURSING (PRACTICAL NURSE LICENSURE)

ADDRESS:

PO BOX 2129, RALEIGH, NC 27602-2129

CONTACT:

MARY P. (POLLY) JOHNSON, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-782-3211 FAX 919-781-9461

WEB ADDRESS: WWW.NCBON.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSED PRACTICAL NURSE LICENSURE

STATUTORY AUTHORITY:

GS 90-171.19

APPLICATION FORM TITLE:

APPLICATION FOR LPN LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEWED EVERY 2 YEARS

FEES:

\$105.00 EFFECTIVE JANUARY 1, 2000 LICENSURE BY ENDORSEMENT;

\$72.00 RENEWAL

EXAM:

YES; FEES TO NC BOARD OF NURSING (FOR TAKING EXAM) \$50.00

DATES OR HOURS GIVEN: CONTACT NC BOARD OF NURSING

LOCATIONS: RALEIGH, CHARLOTTE, GREENVILLE, GREENSBORO, ASHEVILLE

NOTES:

CRIMINAL BACKGROUND CHECK REQUIRED - \$38.00 (EFFECTIVE JANUARY 1, 2002
FOR LICENSURE BY ENDORSEMENT AND LICENSURE BY EXAM)

EFFECTIVE 1/1/2004---ENDORSEMENT FEE: \$135.00; RENEWAL: \$82.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF NURSING (REGISTERED NURSE LICENSURE)

ADDRESS:

PO BOX 2129, RALEIGH, NC 27602-2129

CONTACT:

MARY P. (POLLY) JOHNSON, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-782-3211 FAX 919-781-9461

WEB ADDRESS: WWW.NCBON.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTERED NURSE LICENSURE

STATUTORY AUTHORITY:

GS 90-171.19

APPLICATION FORM TITLE:

APPLICATION FOR RN LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEWED EVERY 2 YEARS

FEES:

\$105.00 EFFECTIVE JANUARY 1, 2000 LICENSURE BY ENDORSEMENT;

\$120.00 RENEWAL

EXAM:

YES; FEES TO NC BOARD OF NURSING (FOR TAKING EXAM) \$50.00

DATES OR HOURS GIVEN: CONTACT NC BOARD OF NURSING

LOCATIONS: RALEIGH, CHARLOTTE, GREENVILLE, GREENSBORO, ASHEVILLE

NOTES:

CRIMINAL BACKGROUND CHECK REQUIRED - \$38.00 (EFFECTIVE JANUARY 1, 2002
FOR LICENSURE BY ENDORSEMENT AND LICENSURE BY EXAM)

EFFECTIVE 1/1/2004 ENDORSEMENT FEE: \$135.00; RENEWAL: \$82.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OCCUPATIONAL THERAPY

ADDRESS:

PO BOX 2280, RALEIGH, NC 27602

CONTACT:

CHARLES WILKINS, LEGAL COUNSEL; JOSALYN LOWRANCE, ADMINISTRATOR, AT
THE ABOVE ADDRESS

TELEPHONE:

919-832-1380

WEB ADDRESS: WWW.NCBOT.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCCUPATIONAL THERAPIST ASSISTANT LICENSE

STATUTORY AUTHORITY:

GS 90-270.65 ET SEQ.

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$100.00 FOR INITIAL LICENSE AND \$50.00 FOR EACH RENEWAL

EXAM:

GIVEN BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY

DATES OR HOURS GIVEN: ON DEMAND TESTING

LOCATIONS: CONTACT NATIONAL BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OCCUPATIONAL THERAPY

ADDRESS:

PO BOX 2280, RALEIGH, NC 27602

CONTACT:

CHARLES WILKINS, LEGAL COUNSEL; JOSALYN LOWRANCE, ADMINISTRATOR, AT
THE ABOVE ADDRESS

TELEPHONE:

919-832-1380

WEB ADDRESS: WWW.NCBOT.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCCUPATIONAL THERAPIST LICENSE

STATUTORY AUTHORITY:

GS 90-270.65 ET SEQ.

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$100.00 FOR INITIAL LICENSE AND \$50.00 FOR EACH RENEWAL

EXAM:

THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY

DATES OR HOURS GIVEN: ON DEMAND TESTING

LOCATIONS: CONTACT NATIONAL BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OCCUPATIONAL THERAPY

ADDRESS:

PO BOX 2280, RALEIGH, NC 27602

CONTACT:

CHARLES WILKINS, LEGAL COUNSEL; JOSALYN LOWRANCE, ADMINISTRATOR, AT
THE ABOVE ADDRESS

TELEPHONE:

919-832-1380

WEB ADDRESS: WWW.NCBOT.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROVISIONAL LICENSE FOR OCCUPATIONAL THERAPIST ASSISTANT

STATUTORY AUTHORITY:

GS 90-270.65 ET SEQ.

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

9 MONTHS, OR UNTIL RESULTS FROM AOTCB EXAM RETURNED

FEES:

\$35.00 FOR INITIAL LICENSE AND NO RENEWAL

EXAM:

NONE

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OCCUPATIONAL THERAPY

ADDRESS:

PO BOX 2280, RALEIGH, NC 27602

CONTACT:

CHARLES WILKINS, LEGAL COUNSEL; JOSALYN LOWRANCE, ADMINISTRATOR, AT
THE ABOVE ADDRESS

TELEPHONE:

919-832-1380

WEB ADDRESS: WWW.NCBOT.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PROVISIONAL LICENSE FOR OCCUPATIONAL THERAPIST

STATUTORY AUTHORITY:

GS 90-270.65 ET SEQ.

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

9 MONTHS OR UNTIL NBCOT EXAM RESULTS

FEES:

\$35.00 FOR INITIAL LICENSE AND NO RENEWAL

EXAM:

NONE

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OPTICIANS

ADDRESS:

222 N. PERSON STREET, SUITE 106, PO BOX 25336, RALEIGH, NC 27611-5336

CONTACT:

SUE M. KORNEGAY, BOARD DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9321

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION OF OPTICAL PLACES OF BUSINESS AND TRAINING ESTABLISHMENTS

STATUTORY AUTHORITY:

GS 90, ARTICLE 17; NCAC TITLE 21 CHAPTER 40

APPLICATION FORM TITLE:

APPLICATION TO REGISTER LEGALLY ESTABLISHED OPTICAL PLACE OF BUSINESS
AND TRAINING ESTABLISHMENTS

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL BUSINESS REGISTRATION \$35.00;
ANNUAL BUSINESS REGISTRATION \$35.00;
INITIAL TRAINING ESTABLISHMENT REGISTRATION \$25.00;
ANNUAL TRAINING ESTABLISHMENT REGISTRATION \$25.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OPTICIANS (APPRENTICE AND INTERNSHIP)

ADDRESS:

222 N. PERSON STREET, SUITE 106, PO BOX 25336, RALEIGH, NC 27611-5336

CONTACT:

SUE M. KORNEGAY, BOARD DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9321

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION OF APPRENTICE OPTICIANS AND INTERNSHIP

STATUTORY AUTHORITY:

GS 90, ARTICLE 17; NCAC TITLE 21 CHAPTER 40

APPLICATION FORM TITLE:

APPLICATION TO REGISTER TO SERVE 3 1/2 YEARS APPRENTICESHIP;

APPLICATION TO REGISTER TO SERVE 6 MONTHS INTERNSHIP

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

APPRENTICESHIP REGISTRATION IS GOOD FOR 1 YEAR

FEES:

\$25.00 INITIAL APPRENTICESHIP REGISTRATION; \$25.00 ANNUAL

APPRENTICESHIP RENEWAL; \$25.00 REGISTRATION OF INTERNSHIP

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF OPTICIANS (DISPENSING)

ADDRESS:

222 N. PERSON STREET, SUITE 106, PO BOX 25336, RALEIGH, NC 27611-5336

CONTACT:

SUE M. KORNEGAY, BOARD DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-733-9321

OFFICE HOURS:

8:00 AM - 4:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DISPENSING OPTICIANS LICENSE

STATUTORY AUTHORITY:

GS 90, ARTICLE 17; NCAC TITLE 21 CHAPTER 40

APPLICATION FORM TITLE:

EXAMINATION IN OPHTHALMIC DISPENSING

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$150.00 EXAM; \$40.00 INITIAL LICENSE; \$75.00 RENEWAL LICENSE

EXAM:

OPHTHALMIC DISPENSING EXAM

DATES OR HOURS GIVEN: TWICE EACH YEAR (CONTACT BOARD FOR SPECIFIC DATES)

LOCATIONS: DURHAM TECHNICAL INSTITUTE, 1637 LAWSON ST., DURHAM, NC

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DISPENSING PHYSICIAN PERMIT

STATUTORY AUTHORITY:

GS 90-85.2 TO GS 90-85.26; GS 90-85.32 TO GS 90-85.40

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$50.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27515-4560

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE PHARMACY BY RECIPROCITY

STATUTORY AUTHORITY:

GS 90-85.2 TO GS 90-85.26; GS 90-85.32 TO GS 90-85.40

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$400.00 ORIGINAL; \$110.00 RENEWAL

EXAM:

YES; MULTISTATE PHARMACY JURISPRUDENCE EXAM (NATIONAL EXAM) \$170

DATES OR HOURS GIVEN: JANUARY, MARCH, MAY, JULY, SEPTEMBER, NOVEMBER

LOCATIONS: CHAPEL HILL, NC

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO OPERATE PHARMACY

STATUTORY AUTHORITY:

GS 90-85.2 TO GS 90-85.26; GS 90-85.32 TO GS 90-85.40 & GS 90-85.21A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

INITIAL: \$350.00 (IN STATE); \$250.00 (OUT OF STATE)

RENEWAL: \$175.00 (IN STATE); \$125.00 (OUT OF STATE)

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE BY EXAM

STATUTORY AUTHORITY:

GS 90-85.15; GS 90-85.17; GS 90-85.24

APPLICATION FORM TITLE:

CONTACT BOARD OF PHARMACY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$160.00 NC EXAM; MULTISTATE EXAM \$170.00; NAPLEX EXAM \$130.00

\$110.00 RENEWAL

EXAM:

YES

DATES OR HOURS GIVEN: JANUARY AND JUNE--STATE

DATES VARY--NATIONAL

LOCATION: VARIES

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27151-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PERMIT TO DISPENSE RX DEVICES

STATUTORY AUTHORITY:

GS 90-85.22

APPLICATION FORM TITLE:

CONTACT BOARD OF PHARMACY

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$300.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION OF PHARMACY TECHNICIAN

STATUTORY AUTHORITY:

GS 90-85.15A

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$25.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

DISPENSING FNP OR PA PERMIT

STATUTORY AUTHORITY:

GS 90-18.1 TO GS 90-18.2

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$50.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHARMACY

ADDRESS:

6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517

CONTACT:

DAVID WORK, EXEC. DIRECTOR, PO BOX 4560, CHAPEL HILL, NC 27515-4560

TELEPHONE:

919-942-4454 FAX 919-967-5757

WEB ADDRESS: WWW.NCBOP.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - THURSDAY; 8:30 AM - 4:30 PM, FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PHARMACIST PERSONNEL CHANGE

STATUTORY AUTHORITY:

GS 90-85.21 (A)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$25.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHYSICAL THERAPY EXAMINERS

ADDRESS:

18 W. COLONY PLACE, SUITE 140, DURHAM, NC 27705

CONTACT:

BEN F. MASSEY, JR., EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-490-6393 OR 800-800-8982 FAX: 919-490-5106

E-MAIL: NCPTBOARD@MINDSPRING.COM

WEB ADDRESS: WWW.NCPTBOARD.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY (BY APPOINTMENT)

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE AS A PHYSICAL THERAPIST

STATUTORY AUTHORITY:

GS 90-270.24 - GS 90-270.39

APPLICATION FORM TITLE:

APPLICATION FOR PHYSICAL THERAPIST LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

PHYSICAL THERAPIST/ENDORSEMENT-\$135; EXAM-\$420 (NC LICENSURE \$135 PLUS \$135 FOR EXAM COST)

EXAM:

LICENSURE EXAMINATION - FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

DATES OR HOURS GIVEN: (CONTACT BOARD) (NC USING COMPUTER TESTING)

LOCATIONS: CONTACT BOARD

NOTES:

PHYSICAL THERAPY DOES NOT INCLUDE THE APPLICATION OF ROENTGEN RAYS OR RADIOACTIVE MATERIALS, SURGERY, MANIPULATION OF THE SPINE UNLESS PRESCRIBED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN NORTH CAROLINA, OR MEDICAL DIAGNOSIS OF DISEASE.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PHYSICAL THERAPY EXAMINERS (ASSISTANT)

ADDRESS:

18 W. COLONY PLACE, SUITE 140, DURHAM, NC 27705

CONTACT:

BEN F. MASSEY, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-490-6393 OR 800-800-8982 FAX: 919-490-5106

E-MAIL: NCPTBOARD@MINDSPRING.COM

WEB ADDRESS: WWW.NCPTBOARD.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY (BY APPOINTMENT)

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE AS A PHYSICAL THERAPIST ASSISTANT

STATUTORY AUTHORITY:

GS 90-270.24 - 90-270.39

APPLICATION FORM TITLE:

APPLICATION FOR PHYSICAL THERAPIST ASSISTANT LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

PHYSICAL THERAPIST ASSISTANT: ENDORSEMENT-\$135; EXAM-\$420 (NC LICENSURE \$135 PLUS \$285 FOR EXAM COST)

EXAM:

LICENSURE EXAMINATION - FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

DATES OR HOURS GIVEN: (CONTACT BOARD) (NC USING COMPUTER TESTING)

LOCATIONS: CONTACT BOARD

NOTES:

THE BOARD SHALL FURNISH A CERTIFICATE OF LICENSURE TO ANY PERSON WHO IS A PHYSICAL THERAPIST ASSISTANT REGISTERED OR LICENSED UNDER THE LAWS OF ANOTHER STATE OR TERRITORY, IF THE INDIVIDUAL'S QUALIFICATIONS WERE AT THE DATE OF HIS REGISTRATION OR LICENSURE SUBSTANTIALLY EQUAL TO THE REQUIREMENTS UNDER ARTICLE 18B.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF PODIATRY EXAMINERS

ADDRESS:

1500 SUNDAY DRIVE, SUITE 102, RALEIGH, NC 27607

CONTACT:

DAVID FEILD, EXECUTIVE SECRETARY, AT THE ABOVE ADDRESS

TELEPHONE:

919-861-5583 FAX 919-787-4916

WEB ADDRESS: WWW.NCBPE.ORG

OFFICE HOURS:

8:45 AM - 4:45 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PODIATRY LICENSES

STATUTORY AUTHORITY:

GS 90-202.2

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (RENEWED EACH YEAR)

FEES:

EXAM FEE: \$350.00; FIRST YEAR LICENSE \$100.00

RENEWAL: NOT TO EXCEED \$200.00

EXAM:

YES (THREE DAY EXAM)

DATES OR HOURS GIVEN: SPRING--MAY OR JUNE (CONTACT BOARD FOR
SPECIFIC DATES)

LOCATIONS: CONTACT BOARD

NOTES:

APPLICANT MUST BE A GRADUATE OF AN ACCREDITED COLLEGE OF PODIATRIC
MEDICINE BEFORE TAKING THE EXAMINATION. GS 90-202.11 REQUIRES AT
LEAST 25 HOURS ANNUAL COURSE WORK FOR LICENSE RENEWAL. APPLICANT MUST
ALSO HAVE PASSED THE NATIONAL BOARDS. APPLICANT MUST HAVE TAKEN
PM LEXIS EXAM AND MUST HAVE COMPLETED A MINIMUM ONE YEAR RESIDENCY.
APPLICANT SHOULD MAKE WRITTEN REQUEST TO BOARD TO OBTAIN APPLICATION
PACKET.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF REFRIGERATION EXAMINERS

ADDRESS:

SUITE 208, 893 HIGHWAY 70 WEST, GARNER, NC 27529

CONTACT:

BARBARA HINES, EXECUTIVE DIRECTOR, AT ABOVE ADDRESS

TELEPHONE:

919-779-4711 FAX 919-779-4733

EMAIL: SBRE1@BELLSOUTH.NET

WWW.REFRIGERATIONBOARD.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCCUPATIONAL LICENSE TO ENGAGE IN COMMERCIAL, INDUSTRIAL, AND
INSTITUTIONAL REFRIGERATION CONTRACTING

STATUTORY AUTHORITY:

GS 87, ARTICLE 5

APPLICATION FORM TITLE:

APPLICATION FOR EXAMINATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JANUARY 1 - DECEMBER 31)

FEES:

\$40.00 EXAMINATION FEE

\$40.00 RENEWAL FEE

\$35.00 LATE PENALTY

EXAM:

REQUIRED

DATES OR HOURS GIVEN: SCHEDULED BY REQUEST IN BOARD OFFICE

LOCATIONS: RALEIGH, NC

NOTES:

EXAMINATION PLUS 4000 HOURS EXPERIENCE, 1/2 OF WHICH MAY IN ACADEMIC OR
TECHNICAL TRAINING DIRECTLY RELATED TO COMMERCIAL, INDUSTRIAL OR
INSTITUTIONAL REFRIGERATION.

PERSONS HOLDING A TRANSPORT REFRIGERATION LICENSE MAY SIT FOR THE
COMMERCIAL TEST WITHOUT FURTHER EXPERIENCE.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF REFRIGERATION EXAMINERS (TRANSPORT)

ADDRESS:

SUITE 208, 893 HIGHWAY 70 WEST, GARNER, NC 27529

CONTACT:

BARBARA HINES, EXECUTIVE DIRECTOR, AT ABOVE ADDRESS

TELEPHONE:

919-779-4711 FAX 919-779-4733

EMAIL: SBRE1@BELLSOUTH.NET

WEB ADDRESS: WWW.REFRIGERATIONBOARD.ORG

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

OCCUPATIONAL LICENSE TO ENGAGE IN TRANSPORT REFRIGERATION

STATUTORY AUTHORITY:

GS 87-52

APPLICATION FORM TITLE:

APPLICATION FOR EXAMINATION FOR TRANSPORT REFRIGERATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JANUARY 1 - DECEMBER 31)

FEES:

\$40.00 EXAMINATION FEE

\$40.00 RENEWAL FEE

\$35.00 LATE PENALTY

EXAM:

REQUIRED

DATES OR HOURS GIVEN: SCHEDULED BY REQUEST IN BOARD OFFICE

LOCATIONS: RALEIGH, NC

NOTES:

EXAMINATION PLUS 4000 HOURS EXPERIENCE, 1/2 OF WHICH MAY BE IN ACADEMIC OR TECHNICAL TRAINING DIRECTLY RELATED TO COMMERCIAL AND/OR TRANSPORT REFRIGERATION.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF REGISTRATION FOR FORESTERS

ADDRESS:

PO BOX 27393, RALEIGH, NC 27611

CONTACT:

LINDA MOORE, AT THE ABOVE ADDRESS

TELEPHONE:

919-772-5883

WEB ADDRESS: [HTTP://MEMBERS.AOL.COM/NCBRF/](http://MEMBERS.AOL.COM/NCBRF/)

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTERED FORESTERS CERTIFICATE

STATUTORY AUTHORITY:

GS 89B

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION AS A REGISTERED FORESTER

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEWED ANNUALLY

FEES:

\$35.00 APPLICATION FEE, ADDITIONAL FEE OF \$40.00 DUE UPON ISSUANCE,
ANNUAL RENEWAL FEE \$30.00

EXAM:

YES

DATES OR HOURS GIVEN: VARIES

LOCATIONS: VARIES-CONTACT BOARD

NOTES:

A CONSULTING FORESTER IS REQUIRED TO FILE AN AFFIDAVIT ANNUALLY WITH
THE STATE BOARD OF REGISTRATION OF FORESTERS ATTESTING TO HIS
COMPLIANCE WITH THE CONDITIONS OF GS 89B-2

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC BOARD OF SANITARIAN EXAMINERS

ADDRESS:

7171 BROWN SUMMIT ROAD, BROWN SUMMIT, NC 27214

CONTACT:

ANN GILSTRAP, SECRETARY-TREASURER, AT THE ABOVE ADDRESS

TELEPHONE:

336-656-0036

OFFICE HOURS:

8:00 AM - 12:00 NOON, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE OF REGISTERED SANITARIAN

STATUTORY AUTHORITY:

GS 90A-50

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION AS SANITARIAN INTERN

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

INDEFINITE (SO LONG AS ALL REQUIREMENTS FOR ANNUAL RENEWAL ARE MET) -
RENEWED ANNUALLY

FEES:

\$99.00 REG. SANITARIAN EXAM; \$35.00 ANNUAL RENEWAL; \$35.00 INITIAL
APPLICATION; \$5.00 LATE RENEWAL; \$20.00 RETURNED CHECK FEE; \$5.00
COPY OF DIRECTORY

EXAM:

PROFESSIONAL EXAMINATION SERVICE - REGISTRATION OF SANITARIANS
DATES OR HOURS GIVEN: APRIL, AUGUST & NOVEMBER OF EACH YEAR
LOCATIONS: VARIOUS LOCATIONS

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC HOME INSPECTOR LICENSURE BOARD

ADDRESS:

322 CHAPANOKE ROAD, RALEIGH, NC 27603

CONTACT:

ANDREW B. PATRON, DIRECTOR NCHILB

TELEPHONE:

919-662-4480 FAX 919-662-4459

EMAIL: APATRON@NCDOI.NET

WEB ADDRESS: WWW.NCHILB.COM

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

HOME INSPECTOR LICENSE; ASSOCIATE HOME INSPECTOR LICENSE

STATUTORY AUTHORITY:

GS 143, ARTICLE 9F

APPLICATION FORM TITLE:

APPLICATION FOR HOME INSPECTOR LICENSE AND ASSOCIATE HOME INSPECTOR
LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

EXPIRES ON SEPTEMBER 30 OF EACH YEAR

FEES:

APPLICATION FOR HOME INSPECTOR LICENSE-----	\$ 25.00
APPLICATION FOR ASSOCIATE HOME INSPECTOR LICENSE-----	\$ 15.00
HOME INSPECTOR EXAMINATION-----	\$ 75.00
ASSOCIATE HOME INSPECTOR EXAMINATION-----	\$ 75.00
INITIAL ISSUANCE OF HOME INSPECTOR LICENSE-----	\$150.00
INITIAL ISSUANCE OF ASSOCIATE HOME INSPECTOR LICENSE-----	\$100.00
ANNUAL RENEWAL OF HOME INSPECTOR LICENSE-----	\$150.00
ANNUAL RENEWAL OF ASSOCIATE HOME INSPECTOR LICENSE-----	\$100.00
LATE RENEWAL PENALTY FEE - HOME INSPECTOR LICENSE-----	\$ 25.00
LATE RENEWAL PENALTY FEE - ASSOCIATE HOME INSPECTOR LICENSE--	\$ 15.00
COPIES OF BOARD RULES AND LICENSE STANDARDS-----	\$ 5.00

EXAM:

CONTACT BOARD FOR DATES AND TIMES OF EXAM

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC LANDSCAPE CONTRACTORS' REGISTRATION BOARD

ADDRESS:

PO BOX 1578, KNIGHTDALE, NC 27545

CONTACT:

SANDRA L. KELLY, AT THE ABOVE ADDRESS

TELEPHONE:

919-266-8070 FAX 919-266-6050

EMAIL: NCLCRB@MSN.COM

WEB ADDRESS: WWW.NCLCRB.STATE.NC.US

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY (EXCEPT STATE HOLIDAYS)

LICENSES, PERMITS, OR CERTIFICATES:

INDIVIDUAL CERTIFICATE OF REGISTRATION AS A LANDSCAPE CONTRACTOR

STATUTORY AUTHORITY:

GS 89D

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATE OF REGISTRATION TO BE TITLED A LANDSCAPE
CONTRACTOR IN NC BY EXAMINATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JAN. 1 - DEC. 31)

FEES:

SEE SCHEDULE BELOW

EXAM:

ONE-DAY EXAMINATION

DATES: JANUARY, MARCH, MAY, AUGUST, SEPTEMBER, OCTOBER

LOCATIONS: CONTACT BOARD

NOTES:

APPLICATION-----	\$50.00
CERTIFICATE FEE BY EXAM-----	\$50.00
ANNUAL RENEWAL FEE-----	\$50.00
PENALTY FOR LATE RENEWAL-----	\$10.00
DUPLICATE CERTIFICATE-----	\$ 1.00
EXAMINATION FEE-----	\$50.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC LICENSING BOARD FOR GENERAL CONTRACTORS

ADDRESS:

3739 NATIONAL DRIVE, SUITE 225, RALEIGH, NC 27612
MAILING ADDRESS: PO BOX 17187, RALEIGH, NC 27619

CONTACT:

MARK SELPH, SECRETARY-TREASURER

TELEPHONE:

919-571-4183
WEB ADDRESS: WWW.NCLBGC.NET

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO PRACTICE GENERAL CONTRACTING IN NC

STATUTORY AUTHORITY:

ARTICLES 1 AND 1A, CHAPTER 87, NC GENERAL STATUTES

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE TO PRACTICE GENERAL CONTRACTING

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL; ALL LICENSES EXPIRE DECEMBER 31 EACH YEAR

FEES:

LIMITED LICENSE \$50; INTERMEDIATE LICENSE \$75; UNLIMITED LICENSE
\$100

EXAM:

FEE OF \$50 PER EXAMINATION, 21 DIFFERENT EXAMS OFFERED

NOTES:

PERSONS, FIRMS OR CORPORATIONS WHO CONSTRUCT PROJECTS IN NC COSTING
\$30,000 OR MORE MEET THE DEFINITION OF A GENERAL CONTRACTOR IN NC AND
ARE REQUIRED TO POSSESS A VALID LICENSE TO PRACTICE GENERAL CONTRACTING

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC LOCKSMITH LICENSING BOARD

ADDRESS:

PO BOX 10769, RALEIGH, NC 27605

CONTACT:

JIM SCARBOROUGH, EXECUTIVE DIRECTOR
EMAIL: J.SCARBOROUGH@MINDSPRING.COM
WEB SITE: WWW.NCLOCKSMITHBOARD.ORG

TELEPHONE:

919-838-8782 FAX 919-833-5743

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSED LOCKSMITH

STATUTORY AUTHORITY:

GS 74F

APPLICATION FORM TITLE:

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS

FEES:

\$100.00 LICENSE; \$100.00 RENEWAL

EXAM:

\$200.00 WRITTEN TEST

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

ADDRESS:

3000 BETHESDA PLACE, SUITE 503, WINSTON SALEM, NC 27103

CONTACT:

SHELIA BECK, EXECUTIVE DIRECTOR, AT THE ABOVE ADDRESS

TELEPHONE:

336-794-3891

EMAIL: MFTLB@BELLSOUTH.NET

OFFICE HOURS:

TUESDAYS AND FRIDAYS-VOICE MAIL IS AVAILABLE 24 HOURS/DAY AND CALLS
ARE RETURNED ON TUESDAYS AND FRIDAYS

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE - MARRIAGE AND FAMILY THERAPISTS

STATUTORY AUTHORITY:

GS 90-270.45

APPLICATION FORM TITLE:

APPLICATION FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

\$50.00 EXAM; \$100.00 APPLICATION; \$100.00 RENEWAL

EXAM:

NATIONAL EXAMINATION IN MARITAL & FAMILY THERPY (THREE EXAMINATION
WINDOWS EACH YEAR) JAN-FEB; MAY -JUNE; SEPT-OCT
(EXACT DATES VARY EACH YEAR) EXAMINATION HELD AT PROMETRIC-THOMSON
LEARNING CENTERS AT LOCATIONS ACROSS THE STATE. APPLICANTS SCHEDULE
THEIR OWN DATE AND EXAM TIME SOMETIME DURING ONE THE TESTING WINDOWS.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

ADDRESS:

3000 BETHESDA PLACE, SUITE 503, WINSTON SALEM, NC 27103

CONTACT:

SHELIA BECK, EXECUTIVE DIRECTOR, AT THE ABOVE ADDRESS

TELEPHONE:

336-794-3891

EMAIL: MFTLB@BELLSOUTH.NET

OFFICE HOURS:

TUESDAYS AND FRIDAYS-VOICE MAIL IS AVAILABLE 24 HOURS/DAY AND CALLS
ARE RETURNED ON TUESDAYS AND FRIDAYS

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE - MARRIAGE AND FAMILY THERAPY ASSOCIATE

STATUTORY AUTHORITY:

GS 90-270.45

APPLICATION FORM TITLE:

APPLICATION FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST/ASSOCIATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS (WITH OPTION OF A 4TH YEAR UNDER SPECIAL CIRCUMSTANCES)

FEES:

\$100.00 APPLICATION FEE

EXAM:

N/A

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC PSYCHOLOGY BOARD

ADDRESS:

895 STATE FARM ROAD, SUITE 101, BOONE, NC 28607

CONTACT:

MARTHA N. STORIE, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

828-262-2258 FAX 828-265-8611

EMAIL: NCPSYBD@CHARTER.NET

WEB ADDRESS: WWW.NCPSYCHOLOGYBOARD.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PSYCHOLOGIST LICENSE

STATUTORY AUTHORITY:

GS 90-270.1 ET SEQ.

APPLICATION FORM TITLE:

APPLICATION FOR LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED BIENNIALY ON OR BEFORE THE FIRST DAY OF OCTOBER
IN EACH EVEN NUMBERED YEAR.

FEES:

\$100.00 LICENSE APPLICATION; \$200.00 RENEWAL; \$25.00 LATE RENEWAL;
\$50.00 HEALTH SERVICES PROVIDER APPLICATION; \$100.00 REINSTATEMENT

EXAM:

\$475.00 NATIONAL EXAM; \$100.00 STATE EXAM

DATES OR HOURS GIVEN: CHOSEN BY APPLICANT--NATIONAL EXAM FOUR
TIMES A YEAR IN JANUARY, APRIL, JULY & OCTOBER--STATE EXAM

LOCATIONS: CENTRAL AREA OF NC, USUALLY IN RALEIGH, NC--STATE EXAM
COMPUTER TESTING SITES IN U.S. AND CANADA--NATIONAL EXAM

NOTES:

A PSYCHOLOGIST WHO MEETS ALL REQUIREMENTS AS A LICENSED PSYCHOLOGIST,
EXCEPT THE TWO YEARS OF SUPERVISED EXPERIENCE, MAY BE ISSUED A
PROVISIONAL LICENSE BY THE BOARD. A LICENSED PSYCHOLOGIST WHO
HOLDS A PERMANENT LICENSE AND WHO PROVIDES OR OFFERS TO PROVIDE
HEALTH SERVICES IN NORTH CAROLINA MUST BE CERTIFIED AS A HEALTH
SERVICES PROVIDER PSYCHOLOGIST (HSP-P) BY THE BOARD.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC PSYCHOLOGY BOARD

ADDRESS:

895 STATE FARM ROAD, SUITE 101, BOONE, NC 28607

CONTACT:

MARTHA N. STORIE, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

828-262-2258 FAX 828-265-8611

EMAIL: NCPSYBD@CHARTER.NET

WEB ADDRESS: WWW.NCPSYCHOLOGYBOARD.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PSYCHOLOGICAL ASSOCIATE LICENSE

STATUTORY AUTHORITY:

GS 90-270.1 ET SEQ.

APPLICATION FORM TITLE:

APPLICATION FOR LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

MUST BE RENEWED BIENNIALY ON OR BEFORE THE FIRST DAY OF OCTOBER
IN EACH EVEN NUMBERED YEAR.

FEES:

\$100.00 LICENSE APPLICATION; \$200.00 RENEWAL; \$25.00 LATE RENEWAL;

\$50.00 HEALTH SERVICES PROVIDER APPLICATION; \$100.00 REINSTATEMENT

EXAM:

\$475.00 NATIONAL EXAM; \$100.00 STATE EXAM

DATES OR HOURS GIVEN: CHOSEN BY APPLICANT--NATIONAL EXAM FOUR

TIMES A YEAR IN JANUARY, APRIL, JULY AND OCTOBER--STATE EXAM

LOCATIONS: CENTRAL AREA OF NC, USUALLY IN RALEIGH, NC--STATE EXAM

COMPUTER TESTING SITES IN U.S. AND CANADA--NATIONAL EXAM

NOTES:

A LICENSED PSYCHOLOGICAL ASSOCIATE WHO IS QUALIFIED BY EDUCATION
MAY BE ISSUED A HEALTH SERVICES PROVIDER PSYCHOLOGICAL ASSOCIATE
(HSP-PA) CERTIFICATE.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC PUBLIC LIBRARIAN CERTIFICATION COMMISSION

ADDRESS:

4640 MAIL SERVICE CENTER, RALEIGH, NC 27699

CONTACT:

ANNE MARIE ELKINS, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-2570

WEB ADDRESS: [HTTP://STATELIBRARY.DCR.STATE.NC.US](http://STATELIBRARY.DCR.STATE.NC.US)

OFFICE HOURS:

8:00 AM - 5:30 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PUBLIC LIBRARIAN'S CERTIFICATE

STATUTORY AUTHORITY:

GS 143B-67 TO 70; GS 125-9

APPLICATION FORM TITLE:

APPLICATION FOR PUBLIC LIBRARIAN'S CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

PERPETUAL

FEES:

NONE

EXAM:

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC REAL ESTATE COMMISSION

ADDRESS:

PO BOX 17100, RALEIGH, NC 27619

CONTACT:

WANDA JOHNSON OR KATHERINE KADER, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3700 FAX 919-877-4216

WEB ADDRESS: WWW.NCREC.STATE.NC.US

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REAL ESTATE FIRM LICENSE (BUSINESS ENTITY)

STATUTORY AUTHORITY:

GS 93A, ARTICLE 1

APPLICATION FORM TITLE:

APPLICATION FOR REAL ESTATE FIRM LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY - JUNE)

FEES:

\$30.00 APPLICATION, \$40.00 RENEWAL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC REAL ESTATE COMMISSION

ADDRESS:

PO BOX 17100, RALEIGH, NC 27619

CONTACT:

PENNY CHILDRESS OR LARRY A. OUTLAW, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3700 FAX 919-877-4216

WEB ADDRESS: WWW.NCREC.STATE.NC.US

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

PRIVATE REAL ESTATE SCHOOL LICENSE

STATUTORY AUTHORITY:

GS 93A, ARTICLE 3

APPLICATION FORM TITLE:

PRIVATE REAL ESTATE SCHOOL LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY - JUNE)

FEES:

\$200.00 PER SCHOOL LOCATION AND \$40.00 PER COURSE

\$100.00 PER LOCATION AND \$20.00 PER COURSE RENEWAL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC REAL ESTATE COMMISSION

ADDRESS:

PO BOX 17100, RALEIGH, NC 27619

CONTACT:

GLORIA WILLIAMS OR KATHERINE KADER

TELEPHONE:

919-875-3700 FAX 919-877-4216

WEB ADDRESS: WWW.NCREC.STATE.NC.US

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REAL ESTATE SALESPERSON AND BROKER LICENSES

STATUTORY AUTHORITY:

GS 93A, ARTICLE 1, 4

APPLICATION FORM TITLE:

APPLICATION FOR REAL ESTATE LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY - JUNE)

FEES:

INITIAL: \$30.00

RENEWAL: \$40.00

EXAM:

YES

DATES OR HOURS GIVEN: VARIOUS DAYS AND TIMES

LOCATIONS: ASHEVILLE, CHARLOTTE, FAYETTEVILLE, GREENVILLE, NORFOLK,
VA., RALEIGH, WILMINGTON, WINSONT-SALEM

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC REAL ESTATE COMMISSION

ADDRESS:

PO BOX 17100, RALEIGH, NC 27619

CONTACT:

JANET DUTTON, AT THE ABOVE ADDRESS

TELEPHONE:

919-875-3700 FAX 919-877-4220

WEB ADDRESS: WWW.NCREC.STATE.NC.US

OFFICE HOURS:

8:30 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TIME SHARE PROJECT CERTIFICATE OF REGISTRATION

STATUTORY AUTHORITY:

GS 93A, ARTICLE 4

APPLICATION FORM TITLE:

APPLICATION FOR REGISTRATION OF TIME SHARE PROJECT

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR (JULY - JUNE)

FEES:

INITIAL: \$1,000.00

RENEWAL: \$750.00

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

ADDRESS:

PO BOX 1043, ASHEBORO, NC 27204

CONTACT:

MICKI LILLY, ADMINISTRATIVE COORDINATOR

TELEPHONE:

336-625-1679; FAX: 336-625-4246; E-MAIL: SWBOARD@ASHEBORO.COM;

WEB ADDRESS: WWW.NCSWBOARD.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFIED SOCIAL WORKER/CERTIFIED MASTER SOCIAL WORKER

LICENSED CLINICAL SOCIAL WORKER/CERTIFIED SOCIAL WORK MANAGER

STATUTORY AUTHORITY:

CHAPTER 90B -- SOCIAL WORK CERTIFICATION AND LICENSURE ACT

APPLICATION FORM TITLE:

CERTIFICATION OR LICENSURE APPLICATION PACKET

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS - RENEWABLE (ENDING ON JUNE 30 OF SECOND YEAR)

FEES:

APPLICATION FEE ----- \$100.00

CERTIFICATION RENEWAL - DIFFERENT RATE FOR DIFFERENT LEVELS

LATE FEE ----- \$ 50.00

EXAM FEE----- \$215.00

EXAM:

AVAILABLE MONDAY - FRIDAY UPON APPLICATION APPROVAL

LOCATIONS: ASHEVILLE, CHARLOTTE, GREENSBORO, NEW BERN AND RALEIGH

NOTES:

IT IS UNLAWFUL TO ENGAGE OR OFFER TO ENGAGE IN THE PRACTICE OF CLINICAL
SOCIAL WORK WITHOUT FIRST BEING LICENSED UNDER CHAPTER 90B AS A
CLINICAL SOCIAL WORKER.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (APPRENTICE)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

APPRENTICE LICENSE

STATUTORY AUTHORITY:

GS 88B-8

APPLICATION FORM TITLE:

APPLICATION FOR APPRENTICE CERTIFICATE OF REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR; 6 MONTHS REQUIRED PRIOR TO APPLYING FOR COSMETOLOGIST
LICENSE.

FEES:

VARYING (GS 88B-20)

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (COSMETOLOGIST)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COSMETOLOGIST LICENSE

STATUTORY AUTHORITY:

GS 88B-7

APPLICATION FORM TITLE:

APPLICATION FOR COSMETOLOGIST CERTIFICATE OF REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

3 YEARS

FEES:

VARYING (GS 88B-20)

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (ESTHEICIAN TEACHER)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ESTHETICIAN TEACHER LICENSE

STATUTORY AUTHORITY:

GS 88B-11

APPLICATION FORM TITLE:

APPLICATION FOR ESTHETICIAN INSTRUCTOR EXAMINATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

VARYING (GS 88B-20)

EXAM:

LOCATIONS: COMMUNITY COLLEGES

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (ESTHETICIAN)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

ESTHETICIAN LICENSE

STATUTORY AUTHORITY:

GS 88B-9

APPLICATION FORM TITLE:

APPLICATION FOR ESTHETICIAN CERTIFICATE OF REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

VARYING (GS 88B-20)

EXAM:

LOCATIONS: COMMUNITY COLLEGES

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (MANICURIST TEACHER)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MANICURIST TEACHER LICENSE

STATUTORY AUTHORITY:

GS 88B-11

APPLICATION FORM TITLE:

APPLICATION FOR MANICURIST INSTRUCTOR EXAMINATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

VARYING (GS 88B-20)

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (MANICURIST)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

MANICURIST LICENSE

STATUTORY AUTHORITY:

GS 88B-10

APPLICATION FORM TITLE:

APPLICATION FOR MANICURIST CERTIFICATE OF REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

VARYING (GS 88B-20)

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (SALON)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COSMETOLOGY SALON LICENSE

STATUTORY AUTHORITY:

GS 88B-14

APPLICATION FORM TITLE:

SALON LICENSE APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

VARYING-GS 88-20 (B) (1); GS 88-20 (C) (6); GS 88-20 (D) (2&3); GS 88-21 (A)

- 663 -

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (SCHOOL)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COSMETIC ART SCHOOL LICENSE

STATUTORY AUTHORITY:

GS 88B-16

APPLICATION FORM TITLE:

APPLICATION FOR APPROVAL OF BEAUTY SCHOOL

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

VARYING-GS 88-20 (B) (1); GS 88-20 (C) (7); GS 88-20 (D) (2&3); GS 88-21

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF COSMETIC ART EXAMINERS (TEACHER)

ADDRESS:

1201 - 110 FRONT STREET, RALEIGH, NC 27609

CONTACT:

DOUGLAS VAN ESSEN, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-4117

WEB ADDRESS: WWW.COSMETOLOGY.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

COSMETOLOGY TEACHER LICENSE

STATUTORY AUTHORITY:

GS 88B-11

APPLICATION FORM TITLE:

APPLICATION FOR INSTRUCTOR EXAMINATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

2 YEARS

FEES:

VARYING (GS 88B-20)

NOTES:

NORTH CAROLINA HAS RECIPROCITY WITH ALL STATES.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF CPA EXAMINERS (CPA)

ADDRESS:

PO BOX 12827, 1101 OBERLIN ROAD, SUITE 104, RALEIGH, NC 27605-1169

CONTACT:

BUCK WINSLOW, MANAGER, LICENSING

TELEPHONE:

919-733-4222 (MAIN) 919-733-1422 (LICENSING) 919-733-4209 (FAX)

EMAIL: BUCKWINS@BELLSOUTH.NET

WEB SITE: WWW.CPABOARD.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY, ALL STATE HOLIDAYS OBSERVED

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFICATE FOR CERTIFIED PUBLIC ACCOUNTANT

STATUTORY AUTHORITY:

GS 93

APPLICATION FORM TITLE:

APPLICATION FOR ORIGINAL; RECIPROCAL; OR NON-RESIDENT RECIPROCAL
CPA CERTIFICATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CPA CERTIFICATE JULY 1 TO JUNE 30

FEES:

ORIGINAL; RECIPROCAL; OR NON-RESIDENT RECIPROCAL - \$75

EXAM:

UNIFORM CPA EXAMINATION

DATES AND LOCATIONS GIVEN: CONTACT BOARD

NOTES:

PRACTICE OF PUBLIC ACCOUNTANCY IS NOT LICENSED, HOWEVER THE USE OF
TITLE IS RESTRICTED BY STATUTE. USE OF AN UNAUTHORIZED TITLE IS A
CRIME AND SUBJECT TO PENALTIES OF GS 93-13.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF CPA EXAMINERS (FIRM REGISTRATION)

ADDRESS:

PO BOX 12827, 1101 OBERLIN ROAD, SUITE 104, RALEIGH, NC 27605-1169

CONTACT:

MARTHA TRAINA, ASSISTANT

TELEPHONE:

919-733-4222 (MAIN) 919-733-1423 (FIRM REG.) 919-733-4209 (FAX)

EMAIL: MTRAINA@BELLSOUTH.NET

WEB SITE: WWW.CPABOARD.STATE.NC.US

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY (ALL STATE HOLIDAYS OBSERVED)

LICENSES, PERMITS, OR CERTIFICATES:

REGISTRATION FOR INDIVIDUAL PRACTITIONER, PARTNERSHIP, PROFESSIONAL CORPORATION, REGISTERED LIMITED LIABILITY PARTNERSHIP AND PROFESSIONAL LIMITED LIABILITY COMPANY

STATUTORY AUTHORITY:

GS 55B, 57L, 59, 93

APPLICATION FORM TITLE:

APPLICATION FOR INITIAL INDIVIDUAL PRACTITIONER REGISTRATION
APPLICATION FOR INITIAL PARTNERSHIP REGISTRATION
APPLICATION FOR INITIAL PROFESSIONAL CORPORATION REGISTRATION
APPLICATION FOR INITIAL REGISTERED LIMITED LIABILITY PARTNERSHIP REGISTRATION
APPLICATION FOR INITIAL PROFESSIONAL LIMITED LIABILITY COMPANY REGISTRATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

JANUARY 1 TO DECEMBER 31

FEES:

INDIVIDUAL PRACTITIONER	NONE
PARTNERSHIP	NONE
PROFESSIONAL CORPORATION	\$50
REGISTERED LIMITED LIABILITY PARTNERSHIP	NONE
PROFESSIONAL LIMITED LIABILITY COMPANY	\$50

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

ADDRESS:

3733 NATIONAL DRIVE, SUITE 228, RALEIGH, NC 27612

CONTACT:

JANE A. BAKER, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

919-571-4164

EMAIL: NCBENHA@MINDSPRING.COM

WEB ADDRESS: WWW.NCBENHA.ORG

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

NURSING HOME ADMINISTRATORS

STATUTORY AUTHORITY:

GS 90-275.1; GS 90-288

APPLICATION FORM TITLE:

APPLICATION FOR LICENSURE (AIT, RECIPROCITY/ENDORSEMENT, TEMPORARY)

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ISSUED FOR TWO YEAR PERIOD (ALL EXPIRE ON SEPTEMBER 30TH OF SECOND YEAR)

FEES:

\$200.00 RECIPROCITY APPLICATION; \$375.00 LICENSURE; \$200.00 TEMPORARY LICENSE; \$50.00 INACTIVE FEE; NATIONAL EXAM (SEE BELOW)

EXAM:

STATE EXAM GIVEN JANUARY, MARCH, APRIL, JUNE, AUGUST, OCTOBER, DECEMBER (DAY FOLLOWING BOARD MEETING)
NATIONAL EXAM IS COMPUTERIZED AND CAN BE TAKEN MONDAY - SATURDAY

NOTES:

NATIONAL EXAM - \$260.00 IS PAID TO THE NATIONAL BOARD - \$60.00 OF THAT \$260.00 IS PAID TO THE TESTING CENTERS. A \$50.00 PROCESSING FEE IS PAID TO THE STATE.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF EXAMINERS OF FEE-BASED PRACTICING PASTORAL COUNSELORS

ADDRESS:

1001 S. MARSHALL STREET, SUITE #5, WINSTON-SALEM, NC 27101-5893

CONTACT:

SHELIA BECK, ADMINISTRATIVE SECRETARY AT THE ABOVE ADDRESS

TELEPHONE:

336-794-3470

OFFICE HOURS:

TUESDAYS AND FRIDAYS---ANSWER MACHINE IS AVAILABLE MONDAY THRU FRIDAY
AND ALL CALLS ARE RETURNED

LICENSES, PERMITS, OR CERTIFICATES:

PASTORAL COUNSELING CERTIFICATE

STATUTORY AUTHORITY:

GS 90, ARTICLE 26

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION FOR FEE-BASED PRACTICING PASTORAL
COUNSELOR

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

\$100.00 APPLICATION, \$400.00 EXAM, \$100.00 RENEWAL

EXAM:

ORAL AND WRITTEN, GIVEN ANNUALLY

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE BOARD OF EXAMINERS OF FEE-BASED PRACTICING PASTORAL COUNSELORS

ADDRESS:

1001 S. MARSHALL STREET, SUITE #5, WINSTON-SALEM, NC 27101-5893

CONTACT:

SHELIA BECK, ADMINISTRATIVE SECRETARY AT THE ABOVE ADDRESS

TELEPHONE:

336-794-3470

OFFICE HOURS:

TUESDAYS AND FRIDAYS---ANSWER MACHINE IS AVAILABLE MONDAY THRU FRIDAY
AND ALL CALLS ARE RETURNED

LICENSES, PERMITS, OR CERTIFICATES:

PASTORAL COUNSELOR ASSOCIATE CERTIFICATE

STATUTORY AUTHORITY:

GS 90, ARTICLE 26

APPLICATION FORM TITLE:

APPLICATION FOR CERTIFICATION OF FEE-BASED PASTORAL COUNSELOR
ASSOCIATE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR, RENEWABLE ANNUALLY

FEES:

\$100.00 - APPLICATION, \$250.00 - EXAM, \$100.00 - RENEWAL

EXAM:

ORAL AND WRITTEN, GIVEN ANNUALLY

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC STATE HEARING AID DEALERS AND FITTERS BOARD

ADDRESS:

2462 STANTONSBURG ROAD, #214, GREENVILLE, NC 27834

CONTACT:

MARY ANN STONE, EXECUTIVE SECRETARY AT THE ABOVE ADDRESS

TELEPHONE:

252-752-6382 FAX 252-752-6305

WEB ADDRESS: WWW.NCHALB.ORG

OFFICE HOURS:

9:30 AM - 2:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSE TO FIT & SELL HEARING AIDS

STATUTORY AUTHORITY:

GS 93-D

APPLICATION FORM TITLE:

APPLICATION FOR APPRENTICE REGISTRATION CERTIFICATE AND/OR

APPLICATION FOR LICENSE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

VARY ACCORDING TO TYPE OF REGISTRATION REQUESTED

EXAM:

YES

DATES OR HOURS GIVEN: MANDATED AT LEAST 1 EACH YEAR

LOCATIONS: VARIES ACCORDING TO AVAILABILITY

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC SUBSTANCE ABUSE PROFESSIONAL CERTIFICATION BOARD

ADDRESS:

PO BOX 10126, RALEIGH, NC 27605

CONTACT:

JIM SCARBOROUGH, ADMINISTRATOR, 11 A GLENWOOD AVE., RALEIGH, NC 27603

TELEPHONE:

919-832-0975 FAX 919-833-5743

EMAIL: J.SCARBOROUGH@MINDSPRING.COM

WEB ADDRESS: WWW.NCSAPCB.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

CERTIFIED SUBSTANCE ABUSE COUNSELOR AND PREVENTION CONSULTANT

STATUTORY AUTHORITY:

GS 90, ARTICLE 5C

APPLICATION FORM TITLE:

CONTACT BOARD

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEWABLE EVERY OTHER YEAR

FEES:

APPLICATION/REGISTRATION PACKAGE - \$25.00

A. AT TIME OF SUBMISSION OF SUPERVISION CONTACT, ETHICAL
STANDARDS FORM, EDUCATION HOURS AND SUPERVISED TRAINING
VERIFICATION - \$125.00

B. WRITTEN EXAMINATION FEE - \$125.00

C. ORAL EXAMINATION FEE - \$100.00 (N/A TO PREVENTION CONSULTANT)

D. RENEWAL - \$125.00

EXAM:

DATES OR HOURS GIVEN: QUARTERLY

LOCATIONS: GREENVILLE, BURLINGTON, CHARLOTTE, ASHEVILLE, RALEIGH AND
WINSTON-SALEM

NOTES:

THE SUBSTANCE ABUSE PROFESSIONAL CERTIFICATION ACT DOES NOT APPLY TO
ANY PERSON REGISTERED, CERTIFIED, OR LICENSED BY THE STATE TO PRACTICE
ANY OTHER OCCUPATION OR PROFESSION WHILE RENDERING SUBSTANCE ABUSE
SERVICES OR CONSULTATION IN THE PERFORMANCE OF THE OCCUPATION OR
PROFESSION FOR WHICH HE OR SHE IS REGISTERED, CERTIFIED, OR LICENSED.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC VETERINARY MEDICAL BOARD

ADDRESS:

PO BOX 12587, RALEIGH, NC 27605

CONTACT:

THOMAS M. MICKEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7689

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

REGISTER PROFESSIONAL CORPORATIONS

STATUTORY AUTHORITY:

GS 90-187.11

APPLICATION FORM TITLE:

APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEW ANNUALLY

FEES:

\$25.00 RENEWAL

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC VETERINARY MEDICAL BOARD

ADDRESS:

PO BOX 12587, RALEIGH, NC 27605

CONTACT:

THOMAS M. MICKEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7689

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

TEMPORARY PERMITS TO PRACTICE

STATUTORY AUTHORITY:

GS 90-187.4

APPLICATION FORM TITLE:

APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

VALID UNTIL RESULTS OF NEXT EXAM FOR LICENSURE AVAILABLE

FEES:

NO MORE THAN \$150.00

EXAM:

CONTACT BOARD

DATES OR HOURS GIVEN: CONTACT BOARD

LOCATIONS: CONTACT BOARD

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC VETERINARY MEDICAL BOARD

ADDRESS:

PO BOX 12587, RALEIGH, NC 27605

CONTACT:

THOMAS M. MICKEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7689

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VETERINARIANS

STATUTORY AUTHORITY:

GS 90-185

APPLICATION FORM TITLE:

APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

1 YEAR

FEES:

\$150.00 RENEWAL

EXAM:

NORTH AMERICAN VETERINARY LICENSING EXAM (\$475.00); NC BOARD EXAM (\$150.00)

LOCATION: RALEIGH, NC

APPLICANTS WHO TAKE EXAMINATION FOR LICENSURE MUST BE GRADUATES OF ACCREDITED COLLEGES OF VETERINARY MEDICINE AND MUST HAVE PASSING SCORES ON THE NATIONAL BOARD OF EXAMINATION AND CLINICAL COMPETENCY TEST WITHIN FIVE YEARS OR NORTH AMERICAN VETERINARY LICENSING EXAM.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NC VETERINARY MEDICAL BOARD

ADDRESS:

PO BOX 12587, RALEIGH, NC 27605

CONTACT:

THOMAS M. MICKEY, AT THE ABOVE ADDRESS

TELEPHONE:

919-733-7689

OFFICE HOURS:

8:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

VETERINARY TECHNICIANS REGISTRATION

STATUTORY AUTHORITY:

GS 90-187.6

APPLICATION FORM TITLE:

APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

RENEW BIENNIALY

FEES:

\$25.00 RENEWAL

EXAM:

NATIONAL EXAMINATION FOR VETERINARY TECHNICIANS (\$125) OFFERED
THIRD FRIDAY IN JUNE; NORTH CAROLINA EXAMINATION (\$50) OFFERED THIRD
FRIDAY IN JANUARY AND JUNE IN RALEIGH, NC.

NOTES:

APPLICANTS FOR REGISTRATION AS VETERINARY TECHNICIANS MUST BE GRADUATES
OF AN AVMA APPROVED SCHOOL OF VETERINARY TECHNOLOGY.

OCCUPATIONAL LICENSES

NAME OF BOARD:

NORTH CAROLINA RESPIRATORY CARE BOARD

ADDRESS:

1100 NAVAHO DRIVE, SUITE 242, RALEIGH, NC 27609

CONTACT:

FLOYD BOYER, RRT, RCP
EXECUTIVE DIRECTOR

TELEPHONE:

919-878-5595 FAX 919-878-5565
EMAIL: FBOYER@NCRCB.ORG
WEB ADDRESS: WWW.NCRCB.ORG

OFFICE HOURS:

9:00 AM - 5:00 PM, MONDAY - FRIDAY

LICENSES, PERMITS, OR CERTIFICATES:

LICENSES RESPIRATORY CARE PRACTITIONERS, "RCP"

STATUTORY AUTHORITY:

GS 90-652

APPLICATION FORM TITLE:

APPLICATION FOR RESPIRATORY CARE PRACTITIONER LICENSURE

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

ANNUAL RENEWAL

FEES:

\$ 25.00 APPLICATION FEE
\$100.00 INITIAL LICENSE FEE
\$ 35.00 PROVISIONAL LICENSE FEE
\$ 35.00 TEMPORARY LICENSE FEE (EXPIRES 10/1/2002)

EXAM:

CERTIFIED RESPIRATORY THERAPIST (CRT) ADMINISTERED BY THE NATIONAL
BOARD FOR RESPIRATORY CARE

OCCUPATIONAL LICENSES

NAME OF BOARD:

THERAPEUTIC RECREATION CERTIFICATION BOARD

ADDRESS:

PO BOX 67, SAXAPAHAW, NC 27340

CONTACT:

BECKY GARRETT, EXECUTIVE DIRECTOR AT THE ABOVE ADDRESS

TELEPHONE:

336-212-1133

EMAIL: GARRETT@MINDSPRING.COM

WEB ADDRESS: WWW.TRCB.ORG

OFFICE HOURS:

8:30 AM - 12:00 PM, TUESDAY & THURSDAY

LICENSES, PERMITS, OR CERTIFICATES:

THERAPEUTIC RECREATION SPECIALIST CERTIFICATION

STATUTORY AUTHORITY:

GS 90C

APPLICATION FORM TITLE:

TRCB ACADEMIC APPLICATION OR TRCB RECIPROCITY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CERTIFICATION IS RENEWABLE EVERY TWO YEARS.

FEES:

\$50.00.....THERAPEUTIC RECREATION SPECIALIST CERTIFICATION

\$25.00.....REINSTATEMENT OF LAPSED OR EXPIRED CERTIFICATE

\$40.00.....RENEWAL (\$25 PLUS \$15 COMMUNICATION FEE)

EXAM:

PASSAGE OF WRITTEN TR EXAM ADMINISTERED BY THE NATIONAL COUNCIL
FOR THERAPEUTIC RECREATION CERTIFICATION.

NOTES:

RECIPROCITY: THE BOARD MAY GRANT CERTIFICATION TO ANY PERSON WHO, AT
THE TIME OF APPLICATION, IS CERTIFIED, REGISTERED OR LICENSED AS A
THERAPEUTIC RECREATION PRACTITIONER BY A SIMILAR STATE OR NATIONAL
BOARD WHOSE STANDARDS ARE SUBSTANTIALLY EQUIVALENT TO THOSE REQUIRED
BY THE STATE OF NORTH CAROLINA. A PHOTOCOPY OF THE APPLICANT'S CURRENT
CERTIFICATE, INCLUDING CERTIFICATION NUMBER AND EXPIRATION DATE, MAY BE
SUBMITTED IN LIEU OF ACADEMIC INFORMATION.

OCCUPATIONAL LICENSES

NAME OF BOARD:

THERAPEUTIC RECREATION CERTIFICATION BOARD

ADDRESS:

PO BOX 67, SAXAPAHAW, NC 27340

CONTACT:

BECKY GARRETT, EXECUTIVE DIRECTOR, AT THE ABOVE ADDRESS

TELEPHONE:

336-212-1133

EMAIL: GARRETTS@MINDSPRING.COM

WEB ADDRESS: WWW.TRCP.ORG

OFFICE HOURS:

8:30 AM - 12:00 PM, TUESDAY & THURSDAY

LICENSES, PERMITS, OR CERTIFICATES:

THERAPEUTIC RECREATION ASSISTANT CERTIFICATION

STATUTORY AUTHORITY:

GS 90C

APPLICATION FORM TITLE:

TRCB ACADEMIC APPLICATION OR TRCB RECIPROCITY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CERTIFICATION IS RENEWABLE EVERY TWO YEARS.

FEES:

\$45.00.....THERAPEUTIC RECREATION ASSISTANT CERTIFICATION

\$25.00.....REINSTATEMENT OF LAPSED OR EXPIRED CERTIFICATION

\$40.00.....RENEWAL (\$25 PLUS \$15 COMMUNICATIONS FEE)

NOTES:

RECIPROCITY: THE BOARD MAY GRANT CERTIFICATION TO ANY PERSON WHO, AT THE TIME OF APPLICATION, IS CERTIFIED, REGISTERED OR LICENSED AS A THERAPEUTIC PRACTITIONER BY A SIMILAR STATE OR NATIONAL BOARD WHOSE STANDARDS ARE SUBSTANTIALLY EQUIVALENT TO THOSE REQUIRED BY THE STATE OF NORTH CAROLINA. A PHOTOCOPY OF THE APPLICANT'S CURRENT CERTIFICATE, INCLUDING CERTIFICATION NUMBER AND EXPIRATION DATE, MAY BE SUBMITTED IN LIEU OF ACADEMIC INFORMATION.

OCCUPATIONAL LICENSES

NAME OF BOARD:

THERAPEUTIC RECREATION CERTIFICATION BOARD

ADDRESS:

PO BOX 67, SAXAPAHAW, NC 27340

CONTACT:

BECKY GARRETT, EXECUTIVE DIRECTOR, AT THE ABOVE ADDRESS

TELEPHONE:

336-212-1133

EMAIL: GARRETTS@MINDSPRING.COM

WEB ADDRESS: WWW.TRCP.ORG

OFFICE HOURS:

8:30 AM - 12:00 PM, TUESDAY & THURSDAY

LICENSES, PERMITS, OR CERTIFICATES:

THERAPEUTIC RECREATION ASSISTANT CERTIFICATION

STATUTORY AUTHORITY:

GS 90C

APPLICATION FORM TITLE:

TRCB ACADEMIC APPLICATION OR TRCB RECIPROCITY APPLICATION

DURATION OF LICENSE, PERMIT, OR CERTIFICATE:

CERTIFICATION IS RENEWABLE EVERY TWO YEARS.

FEES:

\$45.00.....THERAPEUTIC RECREATION ASSISTANT CERTIFICATION

\$25.00.....REINSTATEMENT OF LAPSED OR EXPIRED CERTIFICATION

\$40.00.....RENEWAL (\$25 PLUS \$15 COMMUNICATIONS FEE)

NOTES:

RECIPROCITY: THE BOARD MAY GRANT CERTIFICATION TO ANY PERSON WHO, AT THE TIME OF APPLICATION, IS CERTIFIED, REGISTERED OR LICENSED AS A THERAPEUTIC PRACTITIONER BY A SIMILAR STATE OR NATIONAL BOARD WHOSE STANDARDS ARE SUBSTANTIALLY EQUIVALENT TO THOSE REQUIRED BY THE STATE OF NORTH CAROLINA. A PHOTOCOPY OF THE APPLICANT'S CURRENT CERTIFICATE, INCLUDING CERTIFICATION NUMBER AND EXPIRATION DATE, MAY BE SUBMITTED IN