



North Carolina Irrigation Contractors' Licensing Board

P.O. Box 41421, Raleigh, NC 27629-1421
Phone 919-872-2229
www.nciclb.org email info@nciclb.org

CLIENT VERIFICATION FORM

When completed please mail, email or fax this form to the Board office.

Today's Date: _____

Name of **Individual** providing this Reference (not company name):

Name of **Individual** Applying for Licensure (not company name):

The individual listed above has applied to the North Carolina Irrigation Contractors' Licensing Board to become licensed as an Irrigation Contractor under the provisions of Chapter 89-G of the General Statutes of North Carolina. An Irrigation Contractor is defined in NC General Statute 89G-1(2) as *Any person who, for compensation or other consideration, constructs, installs, expands, services, or repairs irrigation systems.*

You are listed as a current or former client of the individual, his/her company. Please complete this form and return it to the Board. This form is required as part of the application for licensure as an Irrigation Contractor in North Carolina.

1: Did the applicant, his/her company or his/her employer ever perform irrigation services for you? Yes _____ No _____

a. Date of service(s) From _____ to _____ (Be as specific as possible)

b. Nature of work performed _____

Please provide any documentation that you have showing that the individual performed irrigation contracting duties for you. Examples to include, but are not limited to: paid invoice, contract, design, canceled check.

c. Was the applicant him/herself directly involved in performing the work? Yes _____ No _____ Unsure _____

2. Please rate the abilities of the applicant in the following categories where 5 is Superior and 1 is Unsatisfactory

- | | | | | | | |
|------------------------------|---|---|---|---|---|---------------------|
| a. business practices | 5 | 4 | 3 | 2 | 1 | (please circle one) |
| b. technical knowledge | 5 | 4 | 3 | 2 | 1 | (please circle one) |
| c. quality of work | 5 | 4 | 3 | 2 | 1 | (please circle one) |
| d. timeliness of work | 5 | 4 | 3 | 2 | 1 | (please circle one) |
| e. follow-up upon completion | 5 | 4 | 3 | 2 | 1 | (please circle one) |

3. Other general comments pertaining to the applicant and/or the services provided. _____

I declare under penalty of perjury, under the laws of the State of North Carolina, that to the best of my knowledge the information contained herein is true and correct.

Signature _____

Named Printed _____

Firm Name _____

Title _____

Address _____

Phone _____

City/State _____

Zip _____