



State of North Carolina
BOARD OF BARBER AND ELECTROLYSIS EXAMINERS
7001 Mail Service Center, Raleigh, North Carolina 27699-7000
Phone (919) 814-0640 • Fax (919) 981-5068
barbers.nc.gov • barbers@nc.gov • ncbee.com • electrolysis@nc.gov

PERSONAL AND BUSINESS INFORMATION

IMPORTANT: please print clearly to avoid delays or errors in processing

Individual name: _____

Business name: _____

License number: _____

Address line 1: _____

Address line 2 (optional): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Does your practice include laser hair removal? Yes No

Status? Self-employed Employee Inactive

If you checked inactive above, how many years have you been inactive? _____

CONTINUED ON THE NEXT PAGE

CONTINUING EDUCATION

Please attach copies (not originals) of any documentation showing continuing education. For information on CEU requirements, including limits on carry-over hours, please go to www.bbee.nc.gov/electrologists/continuing-education

Have you included documentation of CEUs with this form?

- Yes, attached No, because I have CEUs eligible for carryover

FEEES

Please include the appropriate fees with this form, as listed below. **Please DO NOT pay an inspection fee, as you may have done in the past.** You may make payment by check, cashier check, or money order made out to North Carolina Board of Barber and Electrolysis Examiners. **Please place a check mark next to each payment type you're including with this form.**

- License renewal..... \$125.00 per practitioner and location
 Late fee \$50.00

EMPLOYEE CLASSIFICATION

You must read the Public Notice Statement on the next page and answer the two questions below. Please note that if you answer Yes to the second question, you must submit documentation. **Your renewal will not be processed without this information.**

1. Have you read and understood the Public Notice Statement below?
 Yes No
2. Have you been investigated for employee misclassification?
 Yes No

Please note: if you responded Yes to having been investigated for employee misclassification, you must submit the results of the investigation for review.

Signature: _____

Date of signature: _____

Public Notice Statement
Required by N. C. Gen. Stat. § 143-789(a)(5)

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4) (NC Department of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10) (Employment Security Act), 97-2(2) (Workers' Compensation Act), or 105-163.1(4) (Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

*Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582, Fax: (919)715-0282
Email: emp.classification@ic.nc.gov*

NOTE: don't send this form to the address on the left. Only use that address to report suspected misclassification. Send this form to the address at the top of the front page.

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. N.C. Gen. Stat. § 143-786.