



**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.bbce.nc.gov/electrologists/continuing-education](http://www.bbce.nc.gov/electrologists/continuing-education)

Have you included documentation of CEUs with this form?

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

## FEES

Please include the appropriate fees with this form, as listed below. 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
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- Inspection ..... \$100.00 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](mailto: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.*