

## North Carolina Locksmith Licensing Board

P.O. Box 10972  
Raleigh, NC 27605

phone: 919-838-8782 | fax: 919-833-5743

[www.nclocksmithboard.org](http://www.nclocksmithboard.org)

### Obligations of Apprentice Licensees

By submitting your application and accepting the license issued by the Board, you become obligated to abide all the provisions of the Statute and by the Rules established by the Board, including the Ethical Standards.

*Here is a basic list of those obligations. Please keep this list for future reference.*

1. You must make your license available for inspection at all job sites.

Generally, the Board recommends wearing it as an ID badge at all times while performing locksmith services.

2. If you have any unlicensed employees, you must see to it that they never perform locksmith services requiring a license unless a licensed locksmith is present to provide direct supervision of their work. You must see to it that your employees have a valid license before allowing them to perform locksmith services without direct supervision by a licensed locksmith.

3. If you have any employees, licensed or not, you are required to provide the Board with a list of those employees if they have access to any locksmith tools, customer keys, or key records. You must notify the Board within 30 days of any changes to this list of employees.

4. You are obligated to uphold the Ethical Standards imposed by the Board. This is section .0500 of the Rules. Read it carefully. Violations of the Ethical Standards can result in disciplinary action by the Board, including revocation of your license.

5. The Statute and Rules spell out standards for verifying and recording the identity and authority of persons requesting entry into properties (vehicles, buildings, safes, etc.) with the assistance of a locksmith. You are obligated to comply with these standards.

6. It will be your responsibility to comply with any continuing education requirements the Board establishes and to apply for license renewal before your license expires.



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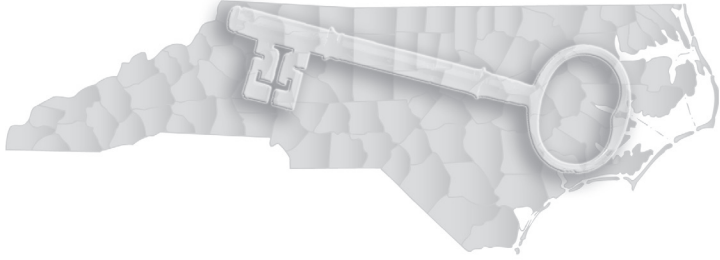
*www.nclocksmithboard.org*

## Application Checklist for Locksmith Apprentice License

In order to qualify for a Locksmith Apprentice License, applicants must be 18 years or older, of good moral character, pay the required fees and be under the supervision of a Licensed Locksmith.

All required supporting documents must be included with your application. Applications submitted without required documents will not be processed until all required materials are submitted. Make sure that all the following documents are enclosed with your completed application form:

	A copy of your legal resident alien documents, if you are not a US Citizen.
	A copy of any relevant license you hold from another state, if applicable.
	A copy of any Certifications you have earned, if applicable.
	Complete and accurate explanations of any affirmative answers on questions 13–16.
	A photograph taken within the 3 months preceding application (printed or .jpg).
	A certified criminal history report from your county of residence, and from the county in which your business is based (if different).
	A copy of your last military discharge papers (DD-214 or equivalent), if applicable.
	Notarized <u>Authorization for release of records</u> form.
	Completed and signed <u>Authority for Release of Information</u> for state and federal record check.
	Notarized <u>Statement of Supervision</u> form, completed by your Licensed employer.
	<b>A check or money order for \$238 (\$200 license fee + \$38 for SBI/FBI record check), payable to NC Locksmith Licensing Board.</b> Returned checks are subject to a \$25 fee. In the event that the check accompanying your application is returned unpaid, the processing of your application will be halted until both the check amount and the returned check fee are paid in full.
	Make a copy of your application and all supporting documents for your records.
	Read “Obligations of Apprentice Licensees.” File this for your records.



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**Application for Locksmith Apprentice License**  
*(in accordance with G.S. 74-F, S.L. 03-350)*

1.	<b>Name:</b>		
	(first)	(middle)	(last)
2.	<b>Place of Birth:</b>	<b>Date of Birth:</b>	
	(county, if US)	(state or country)	
3.	<b>Are you a US Citizen?</b>	<b>Resident Alien?</b>	<b>Other?(indicate):</b>
	<i>(Note: if not a US citizen, you must provide copies of documentation verifying legal resident alien status.)</i>		
4.	<b>Current Residential Address</b> (must be a physical address, not a P.O. Box):		
a)			
	(street number and name)		
b)			
	(city)	(county)	(state) (zip)
5.	<b>Mailing Address</b> (P.O. Box acceptable): This address will appear on your photo ID card.		
a)			
	(street number and name)		
b)			
	(city)	(county)	(state) (zip)
6.	<b>Telephone contact:</b>	Home:	Business:
7.	Additional contact information:	Fax:	e-mail:





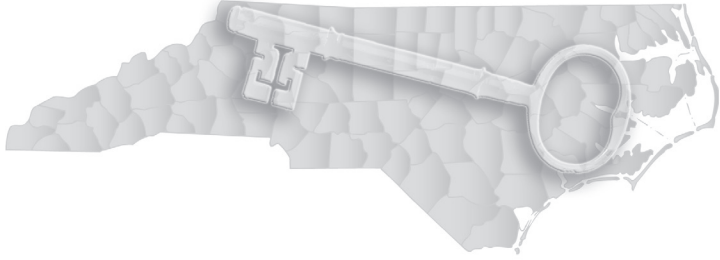
APPLICANT: (first) / (middle) / (last)

11.	<b>Character references.</b> You must supply a complete address and telephone number for 2 unrelated and disinterested individuals:	
	Name:	Phone:
	Home address:	
	Business address:	
	Nature and length of relationship:	
	Name:	Phone:
	Home address:	
	Business address:	
	Nature and length of relationship:	

12.	<b>Do you possess a valid motor vehicle operator’s license?</b>	Yes	No
	<b>License number:</b>	State:	

*If you answer any of the following questions “YES,” you must provide a complete details on a separate page. Please read carefully. False information can lead to denial of license.*

	YES	NO	
13.			Have you ever been involuntarily dismissed, fired, or allowed to resign in lieu of firing as a result of theft, embezzlement, or any alleged act that could have resulted in criminal prosecution? (Including discharge from military service)
14.			Have you ever been convicted or pled guilty to a criminal offense other than a minor traffic violation <b>in any state</b> ? (Including convictions for DWI)
15.			Have you ever been convicted or pled guilty at a court-martial while a member of the Armed or Reserved Forces?



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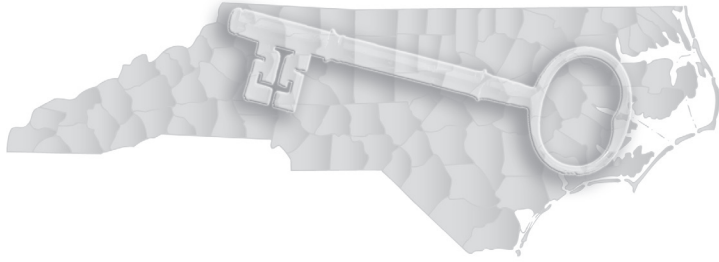
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	YES	NO	
16.			Have you ever been denied any license or had any license revoked in any state, including North Carolina? (Including your driver's license)
17.			Have you ever served in any branch of the US Military Services? <b>If yes, enclose a copy of your last DD-214 or equivalent.</b>

- I hereby certify that all answers and statements in this application and the supporting documents provided are true and accurate to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation or falsification, my application for licensure may be denied or my license revoked.
- I have read and fully understand the obligations of licensees. I agree to abide by the Locksmith Licensing Act and the Rules established by the North Carolina Locksmith Licensing Board, including the Code of Ethics.
- I understand that the Apprentice License is only valid as long as supervision by a Licensed Locksmith is maintained, and for a maximum term of three years. I agree to immediately cease performing locksmith services in the event that supervision is terminated or my Supervisors license becomes invalid. I agree to surrender my Apprentice License and badge upon demand by either the NCLLB or my Supervisor.

Signature:	Date:
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***Important notice: Pursuant to G.S. 25-3-506, a \$25.00 processing fee will be charged for any check submitted to the NC Locksmith Licensing Board on which payment has been refused due to insufficient funds or the closure of the account.***



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**Authorization for release of records**

I, \_\_\_\_\_, hereby request that all military organizations, professional associations, educational institutions, government agencies, and my present and former employers release and furnish to the North Carolina Department of Justice and/or the Locksmith Licensing Board all records and other information concerning me. The above mentioned agencies are currently conducting a personal background investigation to determine my suitability for a Locksmith License. Your assistance and cooperation will be greatly appreciated. A copy of this signed and notarized authorization shall be as effective and valid as the original.

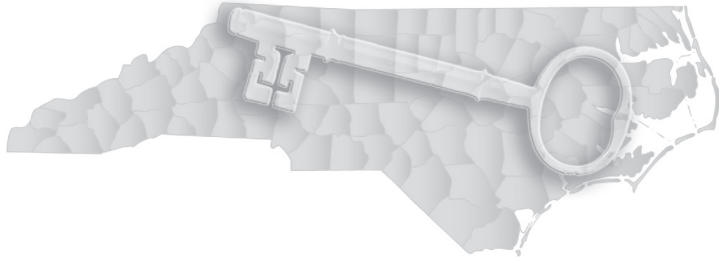
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

Sworn and subscribed before me, this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



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**Statement of Apprentice Supervision**

I, \_\_\_\_\_, Locksmith License # \_\_\_\_\_  
accept full responsibility for the training and supervision of \_\_\_\_\_  
\_\_\_\_\_ as an Apprentice Locksmith for a period not to exceed three years.  
I understand that any complaints filed with the North Carolina Locksmith Licensing Board  
(NCLLB) which are determined to result from improper training or inadequate supervision of  
the above named Apprentice may result in disciplinary action against my Locksmith License.  
Further, I understand that it is my right to discontinue my supervision of the Apprentice at any  
time. If this occurs, it is my sole responsibility to notify the NCLLB immediately in writing.  
I understand that my responsibility for the actions of the Apprentice does not cease until the  
Apprentice obtains his own Locksmith License or I have notified the NCLLB of the termination  
of the supervision of the listed Apprentice.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_/ \_\_\_\_\_  
Applicant Business Name

Sworn and subscribed before me, this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_





ROY COOPER  
ATTORNEY GENERAL

NORTH CAROLINA  
STATE BUREAU OF INVESTIGATION  
DEPARTMENT OF JUSTICE

3320 GARNER ROAD  
PO Box 29500  
RALEIGH, NC 27626-0500  
(919) 662-4500  
FAX: (919) 662-4523



GREGORY S. MCLEOD  
DIRECTOR

**ELECTRONIC FINGERPRINT  
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for licensure with the North Carolina Locksmith Licensing Board pursuant to §§NCGS 74F-18.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

\_\_\_\_\_  
Applicant/Licensee's Signature

\_\_\_\_\_  
Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Barden Culbreth  
\_\_\_\_\_  
Agency Authorized Official's Signature

4/25/2014  
\_\_\_\_\_  
Date

Barden Culbreth  
\_\_\_\_\_  
Authorized Official's Printed Name

PO Box 10972, Raleigh, NC 27605  
\_\_\_\_\_  
Agency Address

919-838-8782  
\_\_\_\_\_  
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Date



A Nationally Accredited State Agency



An ASCLD/LAB Accredited Laboratory Since 1986

**APPLICANT INFORMATION**

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

\_\_\_\_\_

**Aliases:** \_\_\_\_\_

**Employer and Address:**  
North Carolina Locksmith Licensing Board

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Reason Fingerprinted:**  
Locksmith Licensee  
State and Federal Search §74F-18

**Race:** \_\_\_\_\_

(write the appropriate letter in the space provided)

W – White, B – Black, I – American Indian,  
A – Asian or Pacific Islander, U - Unknown

**Social Security Number:** \_\_\_\_\_  
(\*Optional)

Your Case No. (OCA): **LOCKSM000**

**Height:** \_\_\_\_\_

Type of Transaction: **NFUF**  
**Non fed-User Fee**

**Weight:** \_\_\_\_\_

NC FP Card Type: **OTH**  
**OTHER**

**Eye Color:** \_\_\_\_\_

(write the appropriate letters in the space provided)

BLK – Black GRY – Gray MAR – Maroon  
BLU – Blue BRO – Brown GRN – Green  
HAZ – Hazel PNK – Pink XXX – Unknown

**Hair Color:** \_\_\_\_\_

(write the appropriate letters in the space provided)

BAL – Bald BLK – Black BLN – Blonde or Strawberry  
BRO – Brown GRY – Gray or partially  
RED – Red or Auburn SDY - Sandy

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.