Appendix 13

APPLICATION FOR A NORTH CAROLINA LICENSE

Type or print the following information.

last name
first name
middle name
maiden

street address
city
state
zip code

social security number
date of birth (month, day, year)
telephone number (with area code)

sex
☐ male  ☐ female

race
☐ American
☐ Asian
☐ African
☐ Hispanic
☐ Caucasian
☐ Other

List the areas of licensure for which you are applying.


STATEMENT OF APPLICANT

Have you ever had a certificate or license revoked or suspended by any state or other governing body? If yes, attach a statement giving full details and official documentation of the action taken.

☐ yes  ☐ no

Have you ever been convicted of a crime (excluding minor traffic violations)? If yes, you must submit court documents that indicate judgment and disposition of the case from the court of conviction and an explanation of the incident(s).

☐ yes  ☐ no

I certify that the information provided in this application is correct and true. I understand that the falsification of any statement or document will result in the revocation of my North Carolina license.

Signature

Date

Public Schools of North Carolina
State Board of Education
Department of Public Instruction
Licensure Section
6365 Mail Service Center
Raleigh, North Carolina 27699-6365

Form A
January 2003