NORTH CAROLINA CODE OFFICIALS QUALIFICATION BOARD

1202 Mail Service Center
Raleigh, NC 27699-1202
Phone (919) 661-5880 / Fax (919) 661-3193
Please email this form to: terri.tart@ncdoi.gov

CERTIFICATION OF EMPLOYMENT

_____ J#_____ _____

Name of City or County Jurisdiction Jurisdiction ID # County

Code Enforcement Official (CEO)

Is this the Primary Jurisdiction for this CEO? (check here) ☐
Is this the Secondary Jurisdiction for this CEO? (check here) ☐
Will this be a Contract basis only for this CEO? (check here) ☐

COMPLETE THIS SECTION ONLY IF CEO HAS LEFT EMPLOYMENT WITH A MUNICIPALITY.
If CEO is reactivating his/her certificate (s) please list the date he/she left employment with his/her last Jurisdiction.
This form will not be processed if a date is needed.
Date Left Employment:_____

The following "code enforcement official(s)" [as defined by G. S. 143-151.8(a)(3) and (a)(5)] have been hired or are under contract by this City or County to provide code enforcement as certified below

NAME	CEO ID #	DATE APPOINTED IN TRADE	TRADE AREA(S) OF INSPECTION RESPONSIBILITY. Check the appropriate area
_____	_____	_____	☐Bldg ☐Elec ☐ Mech ☐Plbg ☐Fire
_____	_____	_____	☐Bldg ☐Elec ☐ Mech ☐Plbg ☐Fire
_____	_____	_____	☐Bldg ☐Elec ☐ Mech ☐Plbg ☐Fire
_____	_____	_____	☐Bldg ☐Elec ☐ Mech ☐Plbg ☐Fire
_____	_____	_____	☐Bldg ☐Elec ☐ Mech ☐Plbg ☐Fire
_____	_____	_____	☐Bldg ☐Elec ☐ Mech ☐Plbg ☐Fire

I understand that the certificate issued by the Board will become invalid if the code enforcement official(s) listed above fails within two years to complete the training required under the Board's Rules and Regulations.

Signature _____ Date: _____
Certifying City or County Official (Mgr., Clerk, Dir. of Insp., etc.)

Phone: _____

Printed Name _____
Certifying City or County Official (Mgr., Clerk, Dir. of Insp., etc.) Email: _____

STATE OF NORTH CAROLINA COUNTY OF _____

The above named certifying city or county official personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____ (Seal)

_____
Printed Name of Notary Public

_____ My commission expires: _____
Signature of Notary Public