Instructions: Please use this form only if you are planning to pay by cash, check, money order or cashier’s check. Once your renewal has been processed, you will need to log in under the licensee login section on our website to print your new pocket card and receipt.

Name: ___________________________  Current NC Trainee/Appraiser number: ________________

PUBLIC NOTICE STATEMENT required by N.C. Gen. Stat. §143-764(a)(5), effective December 31, 2017
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. Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105 or 143 of the General Statutes by misclassifying an employee as an independent contractor. Employees who believe that they have been misclassified as an independent contractor by an employer may report the suspected misclassification to the Employee Classification Section within the Industrial Commission. In making such a report, the employee shall provide the physical location, mailing address, telephone number, and e-mail address where the alleged incidents of employee misclassification occurred. The report shall be sent to the Employee Misclassification Section within the Industrial Commission.

Contact information for the Employee Misclassification Section:

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

I certify that I have read and understand the above and that I have not been the subject of an investigation for employment misclassification within one year of this application for renewal.

Signature: ___________________________

MAIL THIS FORM WITH YOUR PAYMENT TO:

NC APPRAISAL BOARD
5830 SIX FORKS ROAD
RALEIGH, NC 27609