



North Carolina Department of Public Safety

Private Protective Services Board

Roy Cooper, Governor
Erik Hooks, Secretary

Pamela Cashwell, Chief Deputy Secretary
Brian R. Jones, Director

Public Notice Statement

*Required by N.C. Gen. Stat. § 143-789(a),
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. 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 with 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

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(a)(5)]

Applicant's Verification

I certify that I have read and understand the Public Notice Statement above.

Please check one of the following:

- ☐ I have not been investigated for employee misclassification.
☐ I have been investigated for employee misclassification and have attached the results of the investigation to this application/renewal.

Signature of Applicant _____

Printed Name of Applicant _____

Date _____

MAILING ADDRESS:
3101 Industrial Drive, Suite 104
Raleigh, NC 27609



www.ncdps.gov/pps
An Equal Opportunity employer

OFFICE LOCATION:
3101 Industrial Drive, Suite 104
Raleigh, NC 27609
Telephone: (919) 788-5320
Fax: (919) 788-5365



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PPSB REGISTRATION APPLICATION AFFIDAVIT

Company Name:

BPN:

Qualifying Agent(s): First Middle Last, Suffix

Designee(s): First Middle Last, Suffix

Applicant: First Middle Last, Suffix

Applicant's DOB:

Application: Armed, Armed PI/PIA, Armed Armored Car, Unarmed, Unarmed Armored Car
(please circle applicable application)

Application Type: New, Renewal, Transfer, Dual, Dual (1 year option), Duplicate (please
circle applicable type)

Applicant:

I hereby attest that I have fully read the entire application that will be submitted by the licensee/designee on my behalf and it is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Printed:

Qualifying Agent or Designee:

I hereby attest that I have fully read the entire application as submitted by the applicant and it is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Printed: _____

License Number of Qualifying Agent (Licensee):

MAILING ADDRESS:
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Raleigh, NC 27609



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