

Licensure Section
Credit Card Payment Authorization

Applicant Information

Last Name _____ First Name _____

Address _____

Email _____

Telephone _____

Social Security Number --

Cardholder Information

Name as it appears of the credit card: _____

Billing Address for credit card _____

Mastercard Visa

Credit Card Number ---

Expiration date: / Card Security Code*

*The 3-digit Security Code on the back of the card.

I authorize the Licensure Section of the NC Department of Public Instruction to charge the following non-refundable and non-transferrable processing fee for licensing to my credit card.

\$30

\$70

\$35

\$100

\$60

\$_____ (other amount).

Signature _____ Date _____