

NCOWCICB

NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD APPLICATION FOR CERTIFICATION EXAM

- INSTRUCTIONS:**
- COMPLETE THE BELOW FORM IN ITS ENTIRETY** (note: For new applicants this application must be received by NCOWCICB no later than **15 days** prior to the exam date, for current certification holders upgrading to higher level application must be received at least 24 hours prior to exam date)
 - FAX ALONG WITH ANY SUPPORTING DOCUMENTS TOLL FREE TO 800-915-0371**
 - YOU WILL RECEIVE CONFIRMATION OF APPROVAL TO RECEIVE EXAM ALONG WITH LOCATION AND TIME OF EXAM 7 DAYS PRIOR TO EXAM. CONFIRMATIONS ARE SENT VIA EMAIL OR FAX**
 - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

NAME _____ DATE OF BIRTH _____
FIRST MIDDLE LAST MM/DD/YR

COMPANY NAME: _____

COMPANY ADDRESS: _____
STREET CITY ST ZIP

COMPANY PHONE: (_____) _____ FAX: (_____) _____

EMAIL ADDRESS: _____

EXAM BEING REQUESTED (**CHECK LEVEL(S) THAT YOU WILL BE TAKING**):

GRADE LEVEL III GRADE LEVEL IV INSPECTOR

EXAM LOCATION (CHECK ONLY ONE):*

HICKORY JANUARY

BOLIVIA, JUNE

DANBURY AUGUST

RALEIGH OCTOBER

*CONSULT DATE SECTION OF WEBSITE WWW.NCOWCICB.INFO FOR DATES AND EXACT LOCATIONS. CONFIRMATION WILL ALSO CONTAIN DATE, TIME AND EXACT LOCATION INFORMATION

REQUIRED EDUCATION INFORMATION (CHECK ALL THAT APPLY):

HOURS RECEIVED 18 HOURS INSPECTOR CLASS 12 HOURS 9 HOURS 6 HOURS

SOURCE OF EDUCATION: NCSTA NCSU OTHER: _____

DATE EDUCATION COMPLETED: _____

LOCATION WHERE CLASS WAS TAKEN: _____

NOTE: CERTIFICATE OF ATTENDANCE MUST BE SUBMITTED WITH EXAM APPLICATION

PLEASE CHECK HERE IF YOU NEED THE EXAM ADMINISTERED ORALLY

ACKNOWLEDGEMENT: I, THE UNDERSIGNED AND ABOVE NAMED PERSON, DO HEREBY MAKE REQUEST TO NCOWCICB TO TAKE THE CERTIFICATION EXAM FOR THE GRADE LEVEL REQUESTED ABOVE AND APPLIED FOR THROUGH NCOWCICB. I CERTIFY BY MY SIGNATURE BELOW THAT I HAVE MET ALL THE REQUIREMENTS FOR TAKING SAID EXAM INCLUDING BUT NOT LIMITED TO HAVING SUBMITTED A COMPLETE APPLICATION FOR CERTIFICATION TO NCOWCICB, PAID THE APPROPRIATE FEE FOR GRADE LEVEL SELECTED AND RECEIVED THE REQUIRED EDUCATION HOURS. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION CONTAINED HEREIN IS TRUE.

APPLICANT SIGNATURE

DATE