

**NCOWCICB**  
NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD  
**REPLACEMENT OF LOST CARD REQUEST**  
MAIL COMPLETE FORM WITH FEE  
TO: NCOWCICB P O BOX 132 LAWSONVILLE NC 27022

1. COMPLETE INFORMATION BELOW TYPE OR PRINT CLEARLY

NAME OF CERTIFICATION HOLDER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

GRADE LEVEL:  I  II  III  IV  COMBO  INSPECTOR

CERTIFICATION NUMBER: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

STREET ADDRESS OR P O BOX

\_\_\_\_\_

CITY

STATE

ZIP

OFFICE PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

PLEASE INCLUDE AREA CODE

EMAIL: \_\_\_\_\_

\_\_\_\_\_ # OF REPLACEMENTS REQUESTED

\$25.00 PER CARD

\_\_\_\_\_ AMOUNT ENCLOSED MAKE CHECK OR MONEY ORDER PAYABLE TO NCOWCICB