NCOWCICB

${\bf NORTH\ CAROLINA\ ONSITE\ WASTEWATER\ CONTRACTOR\ INSPECTOR\ CERTIFICATION\ BOARD}$

REQUEST TO MODIFY APPLICATION FOR CERTIFICATION

MAIL COMPLETE FORM, WITH FEE IF REQUIRED,

TO: NCOWCICB P O BOX 132 LAWSONVILLE NC 27022

APPLICANT NAME:		
COMPANY NAME:		
COMPANY ADDRESS:STREET		
STREET	Γ ADDRESS	
CITY	STATE	ZIP
OFFICE PHONE:PLEASE INCLUDE AF	FAX	
EMAIL:		Contact NCOWCICB
CHECK ALL THAT APPLY: I CURRENTLY HOLD THE FOLLOWING GRADE LEVEL I CERTIFICATIO GRADE LEVEL II CERTIFICATIO		For specific requirements to modify your certification 336-202-3126 csstephens@ncowcicb.info
☐ GRADE LEVEL IV CERTIFICATION N	ION NUMBER	
☐ GRADE LEVEL I ☐ GRADE LI ☐ GRADE LEVEL IV ☐ INSPECTO ☐ I WISH TO UPGRADE/MODIFY MY APPL APPROPRIATE FEE PAYABLE TO NCOWC A PASSING EXAM IF REQUIRED ☐ GRADE LEVEL I TO GRADE LEVEL I TO GRADE LEVEL I TO GRADE LEVEL II GRADE LEVEL II TO GRADE LEVEL III TO GRADE LEVEL II TO GRADE LE	COR LICATION TO THE FOLLOWING A ICB NOTE: APPROPRIATE CLASS VEL II \$50.00 FEE VEL III \$100.00 FEE EVEL IV \$150.00 FEE EVEL III \$50.00 FEE EVEL IV \$100.00 FEE EVEL IV \$100.00 FEE EVEL IV \$100.00 FEE	
	VITH INSPECTOR \$200.00 FEE GRADE LEVEL II \$200.00 FEE GRADE LEVEL III \$250.00 FEE GRADE LEVEL IV \$300.00 FEE APPLICATION TO THE FOLLOWIN O LEVEL IV LEVEL III LEVEL EVEL IV LEVEL III LEVEL	EVEL II
APPI ICANT SIGNATURE	DATE	