

NCOWCICB

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

- INSTRUCTIONS:
1. COMPLETE THE BELOW FORM IN ITS ENTIRETY
 2. FAX ALONG WITH ANY SUPPORTING DOCUMENTS
TOLL FREE TO 866-651-8102
 3. YOU WILL RECEIVE CONFIRMATION OF APPROVAL TO RECEIVE EXAM
ALONG WITH LOCATION AND TIME OF EXAM
 4. CONFIRMATIONS ARE ONLY SENT VIA EMAIL OR FAX
 5. 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 ONLY ONE):

- GRADE LEVEL III GRADE LEVEL IV
 INSPECTOR COMBO GRADE LEVEL IV/INSPECTOR

EXAM LOCATION (CHECK ONLY ONE):*

- HICKORY JANUARY 30, 2010 9:00 AM HICKORY METRO CONVENTION CENTER
 RALEIGH MAY 6, 2010 9:00 AM 2728 Capital Blvd Raleigh, NC
 GREENVILLE AUGUST 6, 2010 9:00 AM GREENVILLE CONVENTION CENTER
 GREENSBORO OCTOBER 29 2010 9:00 AM ORIENTAL SHRINER BUILDING

*PLEASE NOTE YOU MUST ARRIVE AT FACILITY ONE (1) HOUR PRIOR TO EXAM PICTURE ID REQUIRED

REQUIRED EDUCATION INFORMATION (CHECK ALL THAT APPLY):

HOURS RECEIVED 9 HOURS 12 HOURS 18 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