

NCOWCICB
NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD
REQUEST TO MODIFY INFORMATION ON APPLICATION FOR CERTIFICATION
MAIL COMPLETE FORM, WITH FEE IF REQUIRED,
TO: NCOWCICB P O BOX 132 LAWSONVILLE NC 27022

1. COMPLETE INFORMATION BELOW TYPE OR PRINT CLEARLY
2. SIGN WHERE APPLICABLE

APPLICANT NAME: _____

COMPANY NAME AS LISTED ON APPLICATION: _____

GRADE LEVEL: I II III IV COMBO INSPECTOR

CERTIFICATION NUMBER: _____

I the above stated certification holder do hereby make request to change the following information on the Application for Certification submitted to NCOWCICB. I understand that all terms of said Application remain in force.

Signed: _____ Date: _____

NOTE: COMPLETE ONLY THE BLANKS BELOW THAT NEED TO BE CHANGED

HOME MAILING ADDRESS: _____
P O BOX OR STREET

_____ CITY STATE ZIP

HOME PHONE NUMBER: _____
PLEASE INCLUDE AREA CODE

COMPANY NAME: _____
SEE NOTE BELOW

COMPANY ADDRESS: _____
STREET ADDRESS OR P O BOX

_____ CITY STATE ZIP

OFFICE PHONE: _____ FAX _____
PLEASE INCLUDE AREA CODE

EMAIL: _____

NOTE: CHANGING THE COMPANY NAMES REQUIRES THAT A NEW CERTIFICATION CARD BE PRINTED THERE IS A \$25.00 REPRINT FEE PLEASE INCLUDE FEE WITH COMPLETED CHANGE REQUEST FORM AND MAKE PAYABLE TO NCOWCICB

MAIL COMPLETED FORM TO: NCOWCICB P O BOX 132 LAWSONVILLE NC 27022