

NCOWCICB
North Carolina Onsite Wastewater Contractor Inspector Certification Board
P O Box 132 Lawsonville, NC 27022
Phone: 336-202-3126 Email: csstephens@ncowcicb.info

Please read instructions below before mailing Renewal of Certification

- **DO NOT STAPLE THE CHECK TO THE INVOICE**
- The due date for renewal is 11/15/2024
- Renewals postmarked on or before 11/15/2024 will receive 2025 cards prior to 12/31/2024
- Complete renewal invoice, sign and return it with renewal fee. Incomplete invoices will be returned.
- The certification that you now hold will expire on 12/31/2024.
- Only renewals received on or before the due date will be processed prior to expiration of current certification held
- If you do not plan to renew the certification, please check the appropriate block on the invoice and return it.
- If at any time you have questions about your certification, the requirements for classes, upgrading, etc contact NCOWCICB directly do not direct these questions to Local Environmental Health Departments or class providers.
- NCOWCICB must be notified within thirty (30) days of any change in your mailing address, phone numbers or company name.
- **IF YOU ARE PAYING WITH A TWO PART CHECK PLEASE MAIL ONLY THE CHECK**
- Renewal can only be done via mail
- **DO NOT BRING THE RENEWAL TO A CLASS LOCATION**
- **It is not required but recommended that you mail the renewal with tracking if you want confirmation that it has been received on or before the due date**
- Return the invoice with the proper fee to the following address:

NCOWCICB P O Box 132 Lawsonville, NC 27022

NCOWCICB CERTIFICATION 2025 RENEWAL INVOICE

Renewal Due Date 11/15/2024

Return this invoice along with fee check made payable to NCOWCICB

Mail to: NCOWCICB P O Box 132 Lawsonville NC 27022

Complete the questions at bottom of invoice, incomplete invoices will be returned

Amount Due: \$75 GL I,II, III, IV, Inspector

\$125 Any Level Combined with Inspector

\$100 Evaluator

DO NOT STAPLE CHECK TO INVOICE

Check here if any information below is a change from 2024

PRINT CLEARLY

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

GRADE LEVEL: _____ CERT. # _____ INSPECTOR # _____ EVALUATOR# _____

PHONE: _____ EMAIL: _____

****COPY OF ATTENDANCE CERTIFICATE FOR REQUIRED CONTINUING EDUCATION MUST BE ENCLOSED****

Check the appropriate boxes and sign below:

1. During the past three years, have any judgments, liens, lawsuits, or claims been entered or filed against the certification holder or responsible persons (including partners, officers, major shareholders, and management level employees) in the company listed on the certification? yes no
2. Are there any liens for labor or materials filed on any of your projects? yes no
3. Have you or any responsible managing employee of the sole proprietorship, member of the partnership, or officers of the corporation listed on the certification been convicted of any criminal offense in last three years?
 yes no
4. If you answered yes to either question 1, 2, and/or 3 above please attach an additional sheet with explanation
5. I am aware that only the certification holder, company owner(s) or W2 employees may work under the certification held. Furthermore, by my signature below I hereby affirm that no one other than those stated here have been allowed or shall be allowed to install or inspect using this certification.
6. I DO NOT wish to renew the certification
7. I certify that I have read and understand the "Public Notice Statement" maintained by the N.C. Industrial Commission, Employee Classification section on their website.
Further, I have I have not been investigated for employee misclassification within the past twelve (12) months
8. I certify that I shall adhere to 21NCAC 39 .801(s) Employees of a local health department or DHHS shall not construct, install, evaluate, or repair, or offer to construct, install evaluate, or repair, onsite wastewater systems outside of their employment with a local health department or DHHS.
9. Check any that apply: I am active Military or Reserves I am Veteran

By signature below, I affirm the above statements are true to the best of my knowledge and hereby acknowledge that I will be subject to discipline if fraudulent information is contained herein.

X: _____ Date: _____
Signature of Certification Holder

Renewals postmarked after 12/31/2024 will incur an additional \$25.00 late fee. Renewals postmarked after 3/31/2025 will not be processed and former certification holder will have to reapply to NCOWCICB for certification.