

NCOWCICB

North Carolina Onsite Wastewater Contractor Inspector Certification Board

P O Box 132 Lawsonville, NC 27022

Phone: 336-202-3126 Email: csstephens@ncowcicb.info

NCOWCICB Private Compliance Inspector Package Instructions **Please read and follow carefully incomplete packages will be returned**

Application Information:

1. Application for certification and all required supporting documents shall be submitted at one time
2. When completing the application do not leave any blanks. Please print clearly or type application
3. The certification will be issued with both the individual name and the company name printed on it. If you do not have a company name enter the individual name in the company information blanks
4. Completed packages shall be mailed to NCOWCICB P O Box 132 Lawsonville NC 27022. It is not required that the package be sent certified but it is advised you send it that way so you have tracking information
5. Application fee is \$300.00 payable to NCOWCICB via check or money order
6. Applicant will be notified via email once the package has been reviewed, accepted and confirmed for exam
7. Completed package must be received a minimum of fifteen (15) business days before the exam date chosen by the applicant on the exam application in supporting documents

Supporting Documents Required:

1. Completed NCOWCICB Exam Application
2. Copy of current Errors and Omission Policy declaration page
3. Copy of current General Liability Policy declarations page
4. Copy of current Professional Liability Policy declarations page
5. Copy of current Soil Scientist License
6. Verification of minimum of five years' experience in of one of the following:
 - NCOWCICB Contractor (provide certification information on application)
 - NCOWCICB Authorized Onsite Evaluator (provide certification information on application)
 - Subsurface Operator (provide letter of verification from WPSOCC)
 - Registered Environmental Health Specialist (provider letter of verification REHS Board)
7. Copy of certificate of completion of NCOWCICB approved Private Compliance Inspector course

Notice of Evaluator Certification Requirements

The Applicant shall:

1. Be at least 18 years of age
2. Submit a completed application for certification along with all required supporting documents to NCOWCICB
3. Submit application fee of \$300.00 to NCOWCICB
4. Have received a completion certificate from attendance of NCOWCICB approved thirty (36) hour Private Compliance Inspector Class
5. Submit all required supporting documents
6. Submit exam application

Renewal of Certification and Continuing Education Requirements

1. All certifications expire on December 31st of each year
2. Renewals are due by November 15th of each year
3. Annual renewal fee shall be \$100.00
4. Prior to renewal the certification holder shall acquire twelve (12) hour of Board approved continuing education
5. Continuing education is required annually
6. Excess continuing education hours received shall have no carry over value
7. Renewals postmarked after November 15 shall incur a late fee of \$25.00. Renewals postmarked after March 31st will not be processed and the certification holder must re-apply for certification

ISSUANCE OF CERTIFICATION CARD

Upon submittal of complete Application, supporting documents, payment of applicable fee, certificate of approved education, and passing score on applicable exam the Board shall issue a Certification Card. The certification card shall have the name of the Applicant, Company Name, Certification Number, and Expiration Date. The Card shall bear the Great Seal of the State of North Carolina and be signed by the Board Chair.

REVOCATION OR DENIAL OF CERTIFICATION

The Board may suspend or deny any Applicant or Certificate Holder upon findings of misconduct, violation of Laws and Rules of the State, misappropriation, or falsification of information. The Board may seek injunction to restrain any person from violating the provisions of this Article or Rules adopted by the Board. Evaluators who fail to comply with G.S. 89F-19 and have their soil scientist license revoked or suspended shall also have their authorization as an evaluator revoked or suspended.

FORBIDDEN RELATIONSHIPS AND PRACTICES

The certified private compliance inspector shall not be employed by a local health department. Private compliance inspectors shall not perform duties of NCOWCICB certified contractors on any system on which they are the private compliance inspector. The private compliance inspector shall not perform any of the functions performed by a professional engineer for engineered wastewater systems described in G.S. 130A-336.1.

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 application? 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 application been convicted of a felony offense in the past 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

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 shall be allowed to evaluate using this certification.

I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND HEREBY AGREE UPON CERTIFICATION TO ABIDE BY THE LAWS AND RULES OF THE STATE OF NORTH CAROLINA GOVERNING ON-SITE WASTEWATER.

X _____
Signature of Applicant

Date

EMPLOYEE CLASSIFICATION NOTICE

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, (check appropriate blank) I HAVE _____ I HAVE NOT _____ BEEN INVESTIGATED FOR EMPLOYEE MISCLASIFICATION WITHIN THE PAST TWELVE (12) MONTHS.

X _____
Signature of Applicant

Date

