NCOWCICB

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

IMPORTANT UPDATES AND INSTRUCTIONS PLEASE READ PRIOR TO MAILING IN RENEWAL

• The due date for renewal is 11/15/2025. Renewals postmarked after 11/15/25 will be charged a \$25.00 late fee. As of 1/1/25 there is no longer a grace period for late fee.

• DO NOT STAPLE THE CHECK TO THE INVOICE

- Your current certification expires on 12/31/25.
- Renewals received on or before 11/15/2025 will receive 2026 card prior to 12/31/2025. Renewal processing takes several weeks. Office personnel cannot tell you if renewal has been received until it goes through complete processing.
- Complete renewal invoice, sign and return it with renewal fee. <u>Incomplete invoices</u> will be returned.
- 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. DO NOT SEND WITH SIGNATURE REQUIRED FOR DELIVERY.
- Read your invoice carefully include the attendance certificate for required continuing education if requested on invoice.
- Return the invoice with the proper fee to the following address:

NCOWCICB P O Box 132 Lawsonville, NC 27022

NCOWCICB CERTIFICATION 2026 RENEWAL INVOICE

Renewal Due Date 11/15/2025

Return this invoice along with fee check made payable to NCOWCICB Complete the questions at bottom of invoice, incomplete invoices will be returned

Amount Due: Installer: \$75 Inspector \$75 Evaluator \$100 PCI \$100

Combo of Installer Inspector \$150 DO NOT STAPLE CHECK TO INVOICE

	Please check the information below and make any necessary corrections on back of invoice. Check here if corrections are made on back of invoice
	PPY OF ATTENDANCE CERTIFICATE FOR REQUIRED CONTINUING EDUCATION MUST
RE E	NCLOSED**
Check	the appropriate boxes and sign below:
1.	
	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.	
	the corporation listed on the certification been convicted of any criminal offense in last three years? \square yes \square 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
9.	outside of their employment with a local health department or DHHS. Check any that apply: I am active Military or Reserves I am Veteran
P.	signature below, I affirm the above statements are true to the best of my knowledge and hereby acknowledge that I will
	subject to discipline if fraudulent information is contained herein.
V.	Data
A	Signature of Certification Holder
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Renewals received after 11/15/25 will incur an additional \$25.00 late fee.

Renewals received after 3/31/2026 will not be processed and former certification holder will have to reapply to NCOWCICB for certification.

☐ The following information needs to be corrected the information that needs to be corrected		ase type or print
THIS AREA IS FOR CHANGES ONLY.		
IF THE INFORMATION ON FILE IS CORREAREA.	ECT DO	NOT WRITE IN THIS
Name:		
Company Name:		
Company Mailing Address:		
Street address:		
P O Box (if applicable)		
City: St	tate	Zip
County:		
Phone Number:		
Email Address:		