

Activating an expired certification is not the same as renewal.

Certifications expire on December 31st annually

Following are the requirements for re-certification:

Within 90 days of expiration, (on or before 3/31) an expired certification may be renewed upon payment of renewal fee and late fee

Between 91 days and 24 months of expiration, former certification shall submit and application for re-certification, the certification fee, attendance certificates for total of continuing education required for time frame since expiration, and exam application.

After 24 months of expiration, former certification holder shall apply for a new certification and take any required intro classes for the certification. Once classes have been completed the former certification holder shall submit application for re-certification, exam application, attendance certificates, and certification fee.

For questions regarding your specific circumstances, please contact our office via email to csstephens@ncowcicb.info or 336-202-3126

A complete package consists of the following:

Completed application for re-certification

Copies of required attendance certificates

Copy of Social Security Card

Certification fee payable to NCOWCICB

NORTH CAROLINA ONSITE WASTEWATER CONTRACTORS & INSPECTORS CERTIFICATION BOARD
(NCOWCICB)

APPLICATION FOR RE-CERTIFICATION

INSTRUCTIONS FOR COMPLETING APPLICATION: PLEASE PRINT CLEARLY AND COMPLETE ALL BLANKS IF ANY BLANKS DO NOT APPLY INSERT N/A IN THE BLANK. THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTORS AND INSPECTORS CERTIFICATION BOARD RESERVES THE RIGHT TO REJECT ANY APPLICATION THAT IS INCOMPLETE. SEND THE COMPLETED APPLICATION WITH THE APPLICABLE FEE (BY CHECK OR MONEY ORDER) MADE OUT TO:

NCOWCICB P O BOX 132 LAWSONVILLE, NC 27022

FORMER CERTIFICATION NUMBER ISSUED BY NCOWCICB: _____ GRADE LEVEL _____ Year Expired: _____

Name of Applicant: _____
FIRST MIDDLE LAST

DATE OF BIRTH ____/____/____ (MONTH/DAY/YEAR) SOCIAL SECURITY NUMBER ____-____-____

HOME MAILING ADDRESS _____
STREET, P.O. BOX, OR RURAL ROUTE

CITY STATE ZIP CODE

HOME PHONE #: _____ / _____ CELL # : _____ / _____

Email address: _____

Check any that apply _____ Active Military _____ Veteran

COMPANY NAME (will appear on certification card) _____
(Note if sole proprietorship enter your personal info in Company Section DO NOT LEAVE BLANK)

COMPANY ADDRESS _____
STREET ADDRESS CITY ZIP CODE

MAILING ADDRESS: _____

COMPANY PHONE #: _____ / _____

NC COUNTY WHERE COMPANY IF LOCATED IN NC OR STATE IF OUTSIDE NC: _____

FOR OFFICE USE ONLY

PYMT AMT \$ _____

CERT # _____

PLEASE CHECK APPROPRIATE BLANK (S)

☐ I AM MAKING APPLICATION FOR RE-CERTIFICATION AS AN ON-SITE WASTEWATER SYSTEM INSTALLER
IN THE FOLLOWING GRADE LEVEL:

☐ GRADE LEVEL II ☐ GRADE LEVEL IV (NOTE IF FORMER CERTIFICATION WAS GL IV
AND HAS BEEN EXPIRED MORE THAN 24 MONTHS YOU WILL NEED TO APPLY FOR GL II)

☐ I AM MAKING APPLICATION FOR RE-CERTIFICATION AS AN ON-SITE WASTEWATER SYSTEM INSPECTOR
NOTE: IF PREVIOUS INSPECTOR CERTIFICATION HAS BEEN EXPIRED MORE THAN 24 MONTHS YOU WILL
NEED TO MEET THE REQUIREMENTS FOR POINT OF SALE INSPECTOR WHICH INCLUDE INSTALLER
CERTIFICATION FOR MINIMUM OF 2 YEARS OR TAKE THE COURSES REQUIRED FOR GL IV INSTALLER IN
LIEU OF EXPERIENCE

☐ I AM MAKING APPLICATION FOR RE-CERTIFICATION AS AN AUTHORIZED ONSITE WASTEWATER EVALUATOR

APPLICATION FEES

PLEASE CHECK THE APPROPRIATE FEE(s):

☐ Re-Certification Application for Grade Level II	\$ 200.00
☐ Re-Certification Application for Grade Level IV	\$ 300.00
☐ Re-Certification Application for Point of Sale Inspector	\$ 200.00
☐ Re-Certification Application for Evaluator	\$ 300.00

Total Fee Amount Due and Enclosed \$ _____

NOTE: ALL FEES ARE NON-REFUNDABLE

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 install or inspect using this certification.

I FURTHER 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 GOVERNING ON-SITE WASTEWATER CONSTRUCTION, INSTALLTION, REPAIR, AND/ OR INSPECTION.

X _____
Signature of Applicant

Date

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 _____ HAVE NOT _____ BEEN INVESTIGATED FOR EMPLOYEE MISCLASIFICATION WITHIN THE PAST TWELVE (12) MONTHS.

X _____
Signature of Applicant

Date