

Application for Point-of-Sale Inspector Certification Completion Instructions

Application for certification shall be submitted **after** all the educational requirements have been met.

Application must be submitted with all pages and **no blanks** left on form. Incomplete applications will be returned. **Applications must be printed legibly or typed**

Name of Applicant: Enter first, middle and last name as shown on state or federal issued ID

Date of Birth: Month/Day/Year

Social Security Number: Social security number of person seeking certification not the federal identification number of the company

Home mailing address of applicant: Enter the mailing address for person seeking certification

County: Enter the North Carolina County or n/a for out of state application

Home telephone: Enter home number of person seeking certification

Cell #: Enter cell number of person seeking certification

Check all that apply: Active Military Veteran

Email: Enter email address of person seeking certification

Company Name: Enter the name of the company the person seeking certification will be performing work for. NCOWCICB does not require the company to be an LLC or Corporation. Sole proprietorships are allowed. If functioning as a sole proprietor, enter the name of person seeking certification.

Company Mailing Address: Enter the mailing address for company listed under company name.

Company telephone: Enter the phone number of the company listed under company name.

Experience Requirements: Complete applicable blanks

For Office Use Only: DO NOT WRITE IN THIS SECTION

Second page of Application:

Application Fees: Point of Sale Inspector \$200.00

Total Fee Amount Enclosed: Enter Amount Enclosed

Last page of Application:

Answer yes or no to questions 1-3. If you answered yes to any question attach explanation sheet

Sign and date

Answer last question regarding employee classification Sign and date

Submission of Application Package

Application for certification shall be submitted after all required education class(es) are taken

Contents of complete package:

Point-of-Sale Inspector:

Completed Application for Certification

Copy of Point-of-Sale Inspector Class Attendance Certificate

Copy of 6 hour attendance certificate from NCOWCICB approved class

If applying with in lieu of experience requirements copies of required class attendance certificates

Completed Exam Application: The current form is available on our website www.ncowcicb.info under forms

Copy of social security card for applicant

Certification fee payable to NCOWCICB via company check, personal check, cashier's check or money order. **The name of the applicant must be printed in memo section of the payment. DO NOT SEND CASH**

DO NOT STAPLE, CLIP OR OTHERWISE ATTACH DOCUMENTS OR PAYMENT

How to Submit Package

Mail completed package to:

NCOWCICB

P O Box 132

Lawsonville NC 27022

It is not required but strongly recommended that you submit package with tracking.

Incomplete packages will be returned to applicant.

All packages must be RECEIVED in complete format a minimum of fifteen (15) business days prior to exam.

**NORTH CAROLINA ONSITE WASTEWATER CONTRACTORS & INSPECTORS
CERTIFICATION BOARD**

APPLICATION FOR CERTIFICATION POINT OF SALE INSPECTOR

**INSTRUCTIONS FOR COMPLETING APPLICATION: PLEASE PRINT CLEARLY AND COMPLETE ALL
BLANKS. THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTORS AND INSPECTOR
CERTIFICATION BOARD RESERVES THE RIGHT TO REJECT ANY APPLICATION THAT IS INCOMPLETE.
SEND THE COMPLETED APPLICATION PACKAGE TO:
NCOWCICB P O BOX 132 LAWSONVILLE, NC 27022**

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 NC County

HOME TELEPHONE _____ / _____ CELL # _____ / _____

CHECK ALL THAT APPLY: _____ ACTIVE MILITARY _____ VETERAN

EMAIL _____

COMPANY NAME (will appear on certification card) _____

COMPANY MAILING ADDRESS:

STREET ADDRESS CITY ZIPCODE

COMPANY TELEPHONE (note this number will appear on our website) _____ / _____

Experience Requirements Check each applicable section:

_____ I currently hold Grade Level ___ IV or ___ II Certification Number: _____ Issued Date: _____

_____ I currently hold Authorized On-Site Evaluator Certification Number: _____ Issued Date: _____

_____ I currently hold Subsurface Operator Certification Number: _____ Issued Date: _____

_____ I do not hold the experience requirements and have enclosed attendance certificates from in lieu of education requirements

FOR OFFICE USE ONLY	
PYMT AMT \$ _____	CERT # _____
POSI _____	

APPLICABLE FEE

Application for Point-of-Sale Inspector \$ 200.00
Amount Enclosed: \$ _____

NOTE: ALL FEES ARE NON-REFUNDABLE

INITIAL CERTIFICATION REQUIREMENTS

The Applicant shall:

- (1) Be at least 18 years of age.
- (2) Submit a properly completed Application package
- (3) Provide copies of attendance certificates for all required education.
- (4) Copy of social security card or print of screenshot from www.ssa.gov verification
- (5) Pays the applicable fee for Certification Application.
- (6) Satisfactorily complete a written or oral examination approved by the Board
For this test, the applicant's knowledge shall be examined in the following areas:
 - (a) Principles of environmental health associated with on-site wastewater systems.
 - (b) Principles of construction and safety.
 - (c) Technical and practical knowledge of on-site wastewater systems typical of the grade level desired.
 - (d) Laws and Rules related to On-Site Wastewater Systems.

CONTINUING EDUCATION REQUIREMENTS

All certifications expire on December 31st of each year. Renewals are due by November 15th of each year. To qualify to renew certification holder shall be required to receive the following education hours:

Inspector: Certificate of 6 hours of approved courses

RENEWAL OR CERTIFICATION IMPROVEMENTS

Applicants seeking renewal of Certificates shall submit evidence of required credit hours taken prior to renewal and Renewal Fee for applicable certification(s). Renewal fees are due by November 15th of each year. Renewals received after November 15 shall incur a late fee of \$25.00.

ISSUANCE OF CERTIFICATION CARD

Upon submittal of complete Application, payment of applicable fees, certificate of approved education, and passing score on applicable exam the Board shall issue a Certification Card in the name of the Applicant, Company Name, Certification Number, Certification(s) issued, 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.

Point-of-Sale-Inspection Requirements

Any point-of-sale inspection performed shall meet the minimum requirements set forth by the Board.

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 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, installation, repair, and/or inspection. I further acknowledge and affirm that I have received and read the guide to certification booklet.

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 of their website.

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

X _____
Signature of Applicant

Date