

WCC-17 Rev. 6/23 CHRIS DEAL
Chairman

Request for an Examination Review

I,, hereby requ	est that I would like to attend the
NC Well Contractors Certification Examination Review on (select from dates posted).	
This is a review of my level failed examination taken on/	
All examination review dates are posted online at: www.wellcontractors.nc.gov	
Requests must be received at least 10 business days prior to the date of the examination review being requested, and within twelve months after the failed examination.	
Applicants requesting an examination review must have an active application that allows registration at a future examination prior to application expiration.	
I have read, understand and completed this form.	
Signature of Applicant D	- ate
Mail request to:	For WCCC Office Use Only
N.C. Well Contractors Certification Commission 1653 Mail Service Center Raleigh, NC 27699-1653	Assign Num:
	Date Appl. Submitted:
	Date Exam Failed:
	Version Exam Failed:
	Date When Retaking: