



ROY COOPER  
Governor

CHRIS DEAL  
Chairman

## Request for Out-of-Cycle Examination (1<sup>st</sup> Exam Attempt)

I, \_\_\_\_\_ hereby request that I would like to take the NC Well Contractors Certification Examination, Level \_\_\_\_\_, on an **Out-of-Cycle** date.

Phone # I can be reached at: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. (Staff will contact you for scheduling)

Enclosed please find my **\$50** exam fee.

*If this is your first exam attempt after having your application approved, you have already submitted a \$50 scheduled exam fee with your application., so you are submitting an additional \$50 for an out-of-cycle exam request, as out-of-cycle exams are \$100 total.*

**Requests must be received at least 10 business days prior to the date of the exam being requested.**

**An application must be approved prior to requesting an Exam, and Level A applicants must have successfully completed a field observation if required.**

I have read, understand and completed this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail request with payment to the  
**NC Well Contractors Certification Commission**  
at the address listed below.

WCC-19  
Rev. 6/23

<i>For WCCC Office Use Only</i>
Payee: _____
Check No: _____
Amount: _____
Date Received: ____/____/____
.....
Assign Num: _____
Date of application submittal: _____
Exam version(s) taken: _____