Chairman





Request for Examination Accommodation

I	_ do hereby request a special accommodation in taking the
(printed name of applicant)	
NC Well Contractors Certification Example 1	mination, Level, due to a medical condition as allowed
under 15A NCAC 27.0410(b).	
Special Accommodation Requested:	Oral Exam (also include request for out-of-cycle exam)
	Wheelchair Accessible Location
	Other:
I	am the physician for
(printed name of applicant's physician)	am the physician for (printed name of applicant)
I hereby certify that he/she is experience	ring a relevant medical condition such that he/she should be
granted the above requested accommod	dation in taking the NC Well Contractors Certification
Examination. Signature of	of physician:
Date	
Phone num	nber physician may be reached
Submit this completed request form and with any request for an out-of-cy I have read, understand and completed Signature of Applicant	
WCC-6 Rev. 6/23	