



ROY COOPER
Governor

TODD MUENCH
Chairman

Request for Out-of-Cycle Examination (1st 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. 5/21

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