



ROY COOPER  
Governor

TODD MUENCH  
Chairman

## Request Certification Reinstatement

I, \_\_\_\_\_, hereby request that certificate \_\_\_\_\_ - \_\_\_\_ be reinstated by the NC Well Contractors Certification Commission.

The \_\_\_\_\_ suspension is/was set to expire on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

**Well contractors requesting certification reinstatement must have complied or completed all requirements set forth by the WCCC Disciplinary Committee prior to certification reinstatement.**

I have read, understand and completed this form.

\_\_\_\_\_  
Signature of Well Contractor

\_\_\_\_\_  
Date

Mail request to:

**N.C. Well Contractors Certification Commission**  
**1653 Mail Service Center**  
**Raleigh, NC 27699-1653**

<i>For WCCC Office Use Only</i>
Assign Num: _____
Date Request Submitted: ____/____/_____
Requirements Completed: _____
Date Cert Reinstated: ____/____/_____

WCC-25  
Rev. 5/21