



ROY COOPER
Governor

CHRIS DEAL
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. 6/23