



ROY COOPER
Governor

TODD MUENCH
Chairman

Request for Examination Accommodation

I _____ do hereby request a special accommodation in taking the
(printed name of applicant)

NC Well Contractors Certification Examination, 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) (printed name of applicant)

I hereby certify that he/she is experiencing a relevant medical condition such that he/she should be
granted the above requested accommodation in taking the NC Well Contractors Certification
Examination.

Signature of physician: _____

Date _____

Phone number physician may be reached
at: _____

**Submit this completed request form with your application for certification as a well contractor
and with any request for an out-of-cycle examination.**

I have read, understand and completed this form.

Signature of Applicant

Date

WCC-6
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