

**NC Well Contractor Certification  
Address Change Form**

Name (please print): \_\_\_\_\_

Certification # NCWC \_\_\_\_\_ Effective Date of Address Change: \_\_\_\_\_

<b>New Home Address:</b> <span style="float: right;"><input type="checkbox"/> Check if no change</span>
Address: <i>(Physical Address, do not use PO Box)</i>
City, State, Zip:
County:
Phone:
Mobile Phone:
Email:

<b>New Employer Address:</b> <span style="float: right;"><input type="checkbox"/> Check if no change</span>
Employer Name:
Address: <i>(Physical Address, do not use PO Box)</i>
City, State, Zip:
County:
Phone: <span style="float: right;">Fax:</span>

<b>Mailing Address:</b>
<input type="checkbox"/> Same as Home <input type="checkbox"/> Same as Employer    If different (PO Box), indicate below:
Address: <i>(Can use PO Box)</i>
City, State, Zip:

This information is true and accurate: \_\_\_\_\_  
Signature of Well Contractor

Email completed form to: [Andrew.morgan@dhhs.nc.gov](mailto:Andrew.morgan@dhhs.nc.gov)

or

Mail: NC Well Contractors Certification Commission

1653 Mail Service Center

Raleigh, NC 27699-1653

WCC-9  
2/2018

