N.C. Well Contractors Certification Commission

ROY COOPER
Governor

TODD MUENCH
Chairman

Request for an Examination Review

I, _____, hereby request that I would like to attend the

NC Well Contractors Certification Examination Review on _____ *(select from dates posted).*

This is a review of my level _____ failed examination taken on _____/_____/_____.

All examination review dates are posted online at: **www.wellcontractors.nc.gov**

Requests must be received at least 10 business days prior to the date of the examination review being requested, and within twelve months after the failed examination.

Applicants requesting an examination review must have an active application that allows registration at a future examination prior to application expiration.

I have read, understand and completed this form.

_____ _____

Signature of Applicant Date

Mail request to:

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

For WCCC Office Use Only
Assign Num:_____
Date Appl. Submitted:_____
Date Exam Failed:_____
Version Exam Failed:_____
Date When Retaking:_____

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