



ROY COOPER
Governor

TODD MUENCH
Chairman

Request to Retake the Well Contractors Certification Exam

I, _____ hereby request that I would like to retake the NC Well Contractors Certification Exam, Level _____.

I would like to take a (check one) **Scheduled Exam**, on ____/____/____.

Out-of-Cycle Exam (staff will contact you to arrange date)

Phone # I can be reached at: (____) _____ - _____.

Enclosed please find my \$_____ payment for this request.

(scheduled exam is \$50, out-of-cycle exam is \$100)

All scheduled exam dates are posted online at www.wellcontractors.nc.gov

Requests must be received at least 10 business days prior to the date of the exam being requested. The exam date selected must be at least 30 days after the application for certification was approved.

An applicant must pass the exam within three consecutive attempts or within a one year period of time after application submittal, whichever expires first, or a new application will be required.

I have read, understand and completed this form.

Signature of Applicant Date

Mail request with payment to the
NC Well Contractors Certification Commission
at the address listed below.

WCC-7
Rev. 5/21

<i>For WCCC Office Use Only</i>	
Payee:	_____
Check No:	_____
Amount:	_____
Date Received:	____/____/____
Assign Num:	_____
Date of application submittal:	_____
Exam version(s) taken:	_____