



North Carolina
Water Treatment Facility
Operators Certification Board

CERTIFICATE REPLACEMENT REQUEST

Please submit this form, along with a check or money order in the amount of \$20.00 to the NCWTFOCB at the address below:

NCWTFOCB
1635 Mail Service Center
Raleigh, NC 27699-1635

Name: _____

Operator ID#: _____

Certificate level & type requested: _____

Mailing Address: _____

City

State

Zip Code

I hereby request the North Carolina Water Treatment Facility Operators Certification Board to reissue the above requested certification certificate to the address listed above.

Signature: _____

Date: _____