



NAME & ADDRESS CHANGE FORM

What do you wish to update? ☐ Name ☐ Address ☐ Phone/Email ☐ Employer

Wastewater Operator ID: _____

Drinking Water Operator ID: _____

Name on Certification Card: _____
First MI Last

NAME CHANGE INFO:

New Name (if applicable): _____
First MI Last

Reason for Name Change: ☐ Marriage ☐ Divorce ☐ Other

My name was legally changed on (date) _____ and I, therefore, request that my operator certificate(s) and wallet card be reissued accordingly. **Note: If your name has been changed for reasons other than marital status include a copy of the legal document showing the name change.**

NEW CONTACT INFO:

Mailing Address(1): _____

Mailing Address(2): _____

County of Residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

NEW EMPLOYMENT INFO:

Employer: _____

Employer Address: _____

Employer Phone: _____ Employer Fax: _____

ADDITIONAL INFORMATION REGARDING CHANGES?

The undersigned submits the information contained in this document as being a true and accurate statement pertaining to current changes of address and/or employment.

Signature: _____

Effective Date: _____

EMAIL form to: certadmin@deq.nc.gov - OR - Fax to: 919-715-2726

Wastewater Operators mail to: 1618 Mail Service Center, Raleigh, NC 27699-1618

Drinking Water Operators mail to: 1635 Mail Service Center, Raleigh, NC 27699-1635

Rev. 8/2023