OIT CONVERSION APPLICATION

Requires $59 non-refundable fee payable by check or money order to:

WPCSOCC
1618 Mail Service Center
Raleigh, NC 27699-1618

PERSONAL INFORMATION:

Certification #: _____ **Certification Type:** _____

Applicant's Name: _____
(As you wish it to appear on your certificate) **First** **Middle** **Last** **Jr., Sr., III etc.**

Address: _____
Mailing address or PO Box

_____
City **State** **Zip Code** **County**

Work Telephone: _____/_____ Home Telephone: _____/_____

Email: _____

OPERATIONAL EXPERIENCE:

Dates of Employment - From: _____ To: _____

Facility Name: _____ Hours/week: _____

Facility Classification: _____ Permit #: _____

***REQUIRED*: List all experience** demonstrating **hands-on experience in the operation** of the type and grade system for which you are seeking certification. Describe actual duties performed. Attach additional sheets, if necessary.

_____

_____

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_____

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_____

I hereby certify that the information given in this application is correct to the best of my knowledge. I understand that providing false information on this application may lead to the revocation of any and all certificates issued to me by the WPCSOCC. I have read the eligibility requirements for the type/grade certification that I am seeking and believe that I am eligible for that certification.

Signature of Applicant (*REQUIRED*): _____ **Date:** _____

SUPERVISOR RECOMMENDATION: I have reviewed this application and hereby verify that all of the information and statements provided by the applicant are true and correct to the best of my knowledge. I understand that I am responsible for verifying the experience information provided on this application and that any false information provided by the applicant may lead to the revocation of any and all certificates issued to me by the WPCSOCC.

Signature of Supervisor (*REQUIRED*): _____ **Date:** _____

Printed Name of Supervisor: _____ **Phone:** _____

FOR WPCSOCC STAFF USE ONLY

Received Date _____

Payee's Name_____ Check # _____ Check Date_____Amount $_____

Renewals current? Yes_____ No_____ Approved by_____ Denied by_____ Date_____

Comments _____