



## 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@ncdenr.gov](mailto:certadmin@ncdenr.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