

# OIT CONVERSION APPLICATION

Requires \$50.00 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

<b>FOR WPCSOCC STAFF USE ONLY</b>		Received Date _____	
Payee's Name _____	Check # _____	Check Date _____	Amount \$ _____
Renewals current? Yes _____ No _____	Approved by _____	Denied by _____	Date _____
Comments _____			