

WEASC - VOLUNTARY CERTIFICATION COMMITTEE

Change of Address Form

Name: (please print) _____

WW Collection System Operator Certification # (if applicable) _____

This change is for my: Work Address Only Home Address Only Both

Old Information:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (work): _____ Phone (home): _____

Email address: _____

New Information:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (work): _____ Phone (home): _____

Email address: _____

Please mail or fax information to:

Voluntary Certification Committee
Synergy Executive Park
121 Executive Center Drive, Ste 115
Columbia, SC 29210
Ph: (803) 358-0658 Fax: (803) 358-0646