

NORTH CAROLINA WELL CONTRACTORS CERTIFICATION COMMISSION
APPLICATION FOR CERTIFICATION AS A WELL CONTRACTOR- **Level A**

YOUR NAME: _____ SOCIAL SECURITY #: XXX - XX -
FIRST MIDDLE LAST (last 4 digits only)

HOME ADDRESS: _____ COUNTY _____
STREET, P.O. BOX, OR RURAL ROUTE

CITY, STATE ZIP CODE

HOME PHONE: _____ / _____ MOBILE PHONE: _____ / _____ DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

PRESENT EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER BUSINESS PHONE: _____ / _____ EMPLOYER COUNTY _____

Level A Well Contractor Activities Include: All Well Contractor Activities.

Well Contractors Activities are defined as the construction, installation, repair, alteration or abandonment of any well.

TO BE ELIGIBLE FOR LEVEL A CERTIFICATION AS A WELL CONTRACTOR, A PERSON MUST:

- (1) BE AT LEAST 18 YEARS OF AGE, AND
- (2) PROVIDE SATISFACTORY PROOF OF EIGHTEEN (18) MONTHS (FULL-TIME EQUIVALENT) OF EXPERIENCE IN WELL CONTRACTOR ACTIVITIES INCLUDING OPERATION OF AIR OR MUD ROTARY EQUIPMENT, AND
- (3) ONCE THE APPLICATION IS APPROVED, DEMONSTRATE HANDS-ON KNOWLEDGE BY PASSING THE FIELD OBSERVATION; AND
- (4) ONCE THE FIELD OBSERVATION IS PASSED, PASS THE LEVEL A CERTIFICATION EXAM.

Select one of the following as your method to demonstrate satisfactory proof(s) of eighteen (18) months experience in well contractor activities:

- ____ 1. Letter(s) from at least one well contractor, holding a currently valid certification issued by the North Carolina Well Contractors Certification Commission, attesting that **YOU** have been working in a well contractor activity for a minimum of **18 months**. This letter(s) must be on forms supplied by the Commission. (If statement is from a family member, please also submit W-2's to verify work experience)
- ____ 2. I was previously certified in North Carolina as a **well contractor** but let my certification lapse. I do not have any outstanding penalties or corrections. My previous WELL CONTRACTOR CERTIFICATION NUMBER was: _____
- ____ 3. Other proof which you believe will document the required 18 months of experience in well contractor activities. The Commission will decide on a case-by-case basis whether or not the documents you submit are acceptable proof of experience.

List your work experience for the past 10 years, beginning with your current employer:

| | | |
|--|---|-------------------|
| <u>Current Employer</u> | <u>Employer Address</u> (Street): (City, State, Zip): | |
| Job Title: | Supervisor's Name: | Telephone Number: |
| Date Employed (mo/yr) | List major duties in order of their importance in the job: | |
| Date Separated (mo/yr) | | |
| Full Time- Years Months | | |
| Part Time- Years Months | | |
| If part time, number of hours worked per week: | | |

| | | |
|--|---|-------------------|
| <u>Employer</u> | <u>Employer Address</u> (Street): (City, State, Zip): | |
| Job Title: | Supervisor's Name: | Telephone Number: |
| Date Employed (mo/yr) | List major duties in order of their importance in the job: | |
| Date Separated (mo/yr) | | |
| Full Time- Years Months | | |
| Part Time- Years Months | | |
| If part time, number of hours worked per week: | | |

| | | |
|--|---|-------------------|
| <u>Employer</u> | <u>Employer Address</u> (Street): (City, State, Zip): | |
| Job Title: | Supervisor's Name: | Telephone Number: |
| Date Employed (mo/yr) | List major duties in order of their importance in the job: | |
| Date Separated (mo/yr) | | |
| Full Time- Years Months | | |
| Part Time- Years Months | | |
| If part time, number of hours worked per week: | | |

(make copies of this page if additional space is needed)

Please sign and date this application in the box below and include a check* or money order (NO CASH) for \$250, made out to the N.C. Well Contractors Certification Commission (NCWCCC).

(This fee covers the initial *annual fee* as well as a *scheduled exam fee*).

Fees paid to the Commission are **nontransferable/nonrefundable** except as specified in 15A NCAC 27 .0401.

RETURN THIS FORM, WITH SUPPORTING DOCUMENTATION AND FEE, TO:
N.C. WELL CONTRACTORS CERTIFICATION COMMISSION
1618 MAIL SERVICE CENTER
RALEIGH, NC 27699-1618.

* In accordance with G.S. 25-3-506, DENR will charge a processing fee of \$25.00 for checks on which payment has been refused by the payor bank because of insufficient funds or because the drawer did not have an account at that bank.

UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED TO THE APPLICANT AS INCOMPLETE. APPLICANTS WHO SUPPLY INACCURATE OR FALSE INFORMATION MUST WAIT TWELVE (12) MONTHS BEFORE RESUBMITTING AN APPLICATION FOR CERTIFICATION.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Signature of Applicant

Date

Sworn to and subscribed before me, this _____ day of _____, _____.
(month) (year)

Notary Public

My commission expires _____

SEAL

Note: Applications submitted within 30 days of a regularly scheduled exam, will be assigned to a future exam date. All applicants will be notified by letter immediately after application review by the Commission. Applicants that are Commission approved to take the certification exam will be mailed an information packet containing applicable rules, exam date and location, maps to exam sites, and other reference materials.