

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

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 D Well Contractor Activities Include: Breaking the well seal and well disinfection.**

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

- (1) BE AT LEAST 18 YEARS OF AGE, AND
- (2) PROVIDE SATISFACTORY PROOF OF SIX (6) MONTHS (FULL-TIME EQUIVALENT) OF EXPERIENCE IN WELL CONTRACTOR ACTIVITIES (i.e. THE CONSTRUCTION, INSTALLATION, REPAIR, ALTERATION, OR ABANDONMENT OF WELLS), AND
- (3) ONCE THE APPLICATION IS APPROVED, PASS THE LEVEL D CERTIFICATION EXAM

Select one of the following as your method to demonstrate satisfactory proof(s) of six (6) 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 **6 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 6 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)*

XXX - XX - \_\_\_\_\_  
Applicant's Social Security # (last 4 digits)

Please sign and date this application in the box below and include a check\* or money order (NO CASH) for \$150, made out to the N.C. Well Contractors Certification Commission (NCWCCC).

(This fee covers the initial *annual fee* (\$100) as well as a *scheduled exam fee* (\$50)).

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:  
NC 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.