

North Carolina Well Contractors Certification Commission  
Standardized Letter of Qualification  
for:

\_\_\_\_\_  
(Print name of Well Contractor Certification Applicant)

North Carolina Well Contractors Certification Commission  
c/o Division of Water Quality  
1618 Mail Service Center  
Raleigh, North Carolina 27699-1618

**RE: Notarized Letter of Reference For The Above-Referenced  
Well Contractor Certification Applicant**

Dear Sirs:

This letter is submitted with the knowledge that “well contractor activity” means the construction, installation, repair, alteration or abandonment of any well. In order to be qualified to take the Well Contractor Certification examination, an applicant must provide proof that said applicant has been engaged in well contractor activities to meet the experience requirement (full-time equivalent) for the certification level the applicant is seeking (Level A- 18 months, Level B- 12 months, Level C- 6 months, Level D- 6 months). Pump installation, plumbing, or electrical service cannot be considered for purposes of meeting these experience requirements.

I verify, based on my personal knowledge, that the applicant has performed sufficient level-related well contractor activities to meet the minimum requirements for certification. **I realize that any questions I may have concerning experience requirements may be directed to the Commission at the address listed on this form or by calling the Commission’s staff at (919) 733-0026, and I have discussed my questions or reservations, if any, with the Commission's staff prior to signing this form and having it notarized.**

I, \_\_\_\_\_, have known the  
( Print - First Name, Middle Initial, Last Name)

above- referenced applicant for at least \_\_\_\_\_ years. I can personally attest that the  
(No. of years)

applicant has been engaged in Level-related well contractor activities for at least \_\_\_\_\_ months.  
(No. of months)

The specific well contractor activities of applicant of which I have personal knowledge include:

\_\_\_\_\_  
\_\_\_\_\_.

Name of Applicant \_\_\_\_\_

The North Carolina Well Contractor Certification Rules allow applicants to demonstrate the required experience in well contractor activities by submitting letters of reference provided by persons involved in businesses related to well contractor activities. The business I am associated with is known as \_\_\_\_\_,

(Name of Business)

and the business is related to well contractor activities in the following manner: \_\_\_\_\_

By providing this letter, I authorize the Well Contractors Certification Commission to contact me by mail or by telephone during normal business hours.

My daytime telephone number is: (\_\_\_\_\_)\_\_\_\_\_.

(Daytime Area Code and Phone #)

My mailing address is:

Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

\*If this letter is being submitted by a well contractor currently certified in North Carolina, please provide your certification number and level:

NCWC-\_\_\_\_\_-\_\_\_\_\_  
(NC Certification # & level)

**NOTE-supplying false or inaccurate information may result in the revocation of YOUR certification. In order to regain your certification, if it is revoked, you will have to apply for and pass the certification examination after first demonstrating to the Commission your ability to comply with the laws and regulations.**

The information I am supplying in this letter of reference is true and accurate in all respects.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_  
(Month, Day, Year)

SEAL