

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

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: _____ / _____

Temporary certification as a well contractor can be used only once per year for a period of 45 days, and is only valid for one well.

Intended location of well: _____ PROPOSED DRILL DATE _____
STREET, P.O. BOX, OR RURAL ROUTE

CITY, STATE ZIP CODE COUNTY

TO BE ELIGIBLE, 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 (i.e. THE CONSTRUCTION, INSTALLATION, REPAIR, ALTERATION, OR ABANDONMENT OF WELLS).

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.
- ___ 2. 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. You must also furnish proof of completion of one of the following:
 - ___ a) Course of study in well construction techniques approved as an acceptable "pre-certification" course by the Well Contractors Certification Commission and offered by a community college within the North Carolina Dept. of Community Colleges with a passing grade.
 - ___ b) Apprenticeship program approved by the Well Contractors Certification Commission and approved by the NC Dept. of Labor in well construction.
 - ___ c) A similar course of study or apprenticeship program as approved by the Well Contractors Certification Commission.
- ___ 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)

