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 (physical address, not P.O. box)

_____
CITY, STATE ZIP CODE

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

PRESENT EMPLOYER NAME:_____

EMPLOYER ADDRESS:_____
STREET (physical address, not P.O. box) CITY, STATE ZIP CODE

EMPLOYER BUSINESS PHONE: _____/_____ EMPLOYER COUNTY_____

Send My Mail to: ☐ Home Address ☐ Employer Address ☐ Other (P.O. Box): _____

_____

Level D Well Contractor Activities Include: Breaking a well seal, installation of a pump or other equipment in a well, and disinfection.

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

(1) BE AT LEAST 18 YEARS OF AGE.

(2) PROVIDE SATISFACTORY PROOF OF A MINIMUM SIX (6) MONTHS (FULL-TIME EQUIVALENT) OF EXPERIENCE INCLUDING LEVEL SPECIFIC WELL CONTRACTOR ACTIVITIES. (SEE ABOVE)

(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.

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

List your work experience for the past 7 years, beginning with your current employer:

Current Employer	Employer Address (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. Please be specific:	
Date Separated (mo/yr)		
Full Time- Years Months		
Part Time- Years Months		
If part time, number of hours worked per week:		

Employer	Employer Address (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. Please be specific:	
Date Separated (mo/yr)		
Full Time- Years Months		
Part Time- Years Months		
If part time, number of hours worked per week:		

Employer	Employer Address (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. Please be specific:	
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 processing, 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
1653 MAIL SERVICE CENTER
RALEIGH, NC 27699-1653.

* 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 examination, will be assigned to a future examination date. All applicants will be notified by letter immediately after application review by the Commission. Applicants that are approved to take the certification examination will be mailed an admission ticket containing examination date and location.