North Carolina Department of Environment and Natural Resources
North Carolina Well Contractors Certification Commission

Pat McCrory
Governor

Cassandra Champion
Chairman

John Skvarla, III
Secretary

Letter of Reference for Well Contractor Certification Applicant

Dear Sirs:

This letter is submitted with the knowledge that ñwell contractor activityò 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 within the past seven years 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). Plumbing and/or electrical service cannot be considered for purposes of meeting these experience requirements.

I verify, based on my personal knowledge, that _____ ***(applicant)*** has performed sufficient level-related well contractor activities to meet the minimum requirements for **Level** _____ 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) 707-5882. 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 above- referenced applicant
(Print Full Name)

for at least_____ **years**. I can personally attest that the applicant has been engaged in

Level _____ well contractor activities for at least _____ **months**.

The level-specific well contractor activities the applicant has performed to which I have personal knowledge of are:

_____

_____.

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: _____

_____

_____.

WCC-2
Rev. 1/13

1653 Mail Service Center, Raleigh, North Carolina 27699-1653
Phone: 919-707-5883. \ FAX: 919-845-3973 Internet: www.wellcontractors.nc.gov

One NorthCarolina Naturally

Certification Applicant: _____

By completing this letter, I authorize the Well Contractors Certification Commission to contact me by mail or by telephone during normal business hours at: (_____)_____.

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 of Reference) **(Date)**

Sworn to and subscribed before me this _____day of _____, _____.

_____ My commission expires _____
Notary Public (Month, Day, Year)

SEAL

This reference shall be included with the applicant's Application for Certification.

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