

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

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

EMAIL: \_\_\_\_\_

PRESENT EMPLOYER NAME: \_\_\_\_\_

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

EMPLOYER BUSINESS PHONE: \_\_\_\_\_ / \_\_\_\_\_ EMPLOYER COUNTY \_\_\_\_\_

Send My Mail to:  Home Address  Employer Address  Other (P.O. Box): \_\_\_\_\_  
 (Select One)

**Level A Well Contractor Activities Include: All Well Contractor Activities.**

Well Contractors Activities are defined as the construction, installation, repair, alteration or abandonment of any well.

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

- (1) BE AT LEAST 18 YEARS OF AGE.
- (2) PROVIDE SATISFACTORY PROOF OF 18 MONTHS (FULL-TIME EQUIVALENT) EXPERIENCE INCLUDING LEVEL SPECIFIC WELL CONTRACTOR ACTIVITIES. (Ex.-Sonic Drilling, Air and Mud Rotary Drilling, Wet Rock Coring)
- (3) ONCE THE APPLICATION IS APPROVED, DEMONSTRATE HANDS-ON KNOWLEDGE BY SUCCESSFULLY COMPLETING THE FIELD OBSERVATION. (For new level A applicants only)
- (4) ONCE THE FIELD OBSERVATION IS PASSED, PASS THE LEVEL A CERTIFICATION EXAM.

<i>For WCCC Office Use Only</i>
Payee: _____
Check No: _____
Amount: _____
Date Received: ____/____/____

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. (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. Reciprocity NC/TN \_\_\_\_\_ Other State(s) \_\_\_\_\_
- \_\_\_ 4. 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. (If using licenses/certifications from other states and for other notes please see ADDENDUM document)

Highest level of formal education completed: *(select one)*

- Did not graduate High School     
  High school/GED     
  Associate Degree  
 Bachelor's Degree     
  Master's / PhD

*List your work experience for the past 7 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. Please be specific:	
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. Please be specific:	
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. 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)*

