

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 PHONE: _____ EMPLOYER COUNTY _____

Send My Mail to: Home Address Employer Address

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

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. (If statement is from a family member, please also submit W-2s 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 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 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:	
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)

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 \$100, made out to the N.C. Well Contractors Certification Commission, for the temporary certification fee. 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:

N.C. 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: All applicants will be notified by letter immediately after application review by the Commission.