

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: \_\_\_\_\_  
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): \_\_\_\_\_  
 (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-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. 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><br>(Street):<br>(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><br>(Street):<br>(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><br>(Street):<br>(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)*

Please sign and date this application in the box below and include a check\* or money order (NO CASH) for **\$250** (unless applying via reciprocity), made out to the N.C. Well Contractors Certification Commission (NCWCCC). (This fee covers processing, the initial *annual fee*(\$200) as well as a *scheduled exam fee* (\$50)).

If you are applying via **Reciprocity**, the application fee is **\$200**.

Fees paid to the Commission are **nontransferable/nonrefundable**.

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: 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. New applicants that are approved to take the certification examination will be mailed a WCC-3 form and must pass a field observation prior to the written examination.