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

YOUR NAME:				SOCIAL S	ECURITY #: XXX - XX	<u>-</u>
	RST N	IIDDLE	LAST	(last 4 d	igits only)	
HOME ADDRESS	REET (physical address, not P.0) hov)			COUNTY	
31.	REET (physical address, not F.V	7. 00x)				
	TY, STATE ZIP CODE					
HOME PHONE:	1	MOBILE PHONE	E :/	DATE OF BIRTH	:/	/
EMAH.					MONTH DAY	YEAR
PRESENT				_		
	NAME:					
EMPLOYER ADDRESS:						
ADDICESS	STREET (physical addres	s, not P.O. box)	CITY,	STATE	ZIP CODE	
EMPLOYER	BUSINESS PHONE:			EMPLOYER COUN	TTY	
		Address	☐ Employer Address	☐ Other (P.	O. Box):	
(Select <u>O</u>	o <u>ne</u>)					
Level A	Well Contractor	Activities	Include: All Well Co			onmant of any wall
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		<u>XXX - XX -</u>
Highest level of formal education co	amploted: (salaat ona)	Applicant's Social Security # (last 4 digits)
_	- ,	· D
☐ Did not graduate High Schoo	_	ssociate Degree
☐ Bachelor's	s Degree	
List your work experience for the pa	st 7 years, beginning with your current er	nployer:
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	
Епіріоусі	(Street): (City, State, Zip):	
Job Title:	Supervisor's Name:	Telephone Number:

If part time, number of hours worked per week:

(make copies of this page if additional space is needed)

Months

Months

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Full Time-

Part Time-

Date Employed (mo/yr)

Date Separated (mo/yr)

Years

Years

List major duties in order of their importance in the job. Please be specific:

<u>XXX - XX -</u>	
Applicant's Social Sec	curity # (last 4 digits)

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 the field observation exam fee (\$50)).

If you are applying via Reciprocity or if a field observation is not required, 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.

UNSIGNED OR UNDATED APPLICATI APPLICANTS WHO SUPPLY INACCU MONTHS BEFORE RESUBMITTING I CERTIFY THAT, TO THE BEST OF M APPLICATION IS TRUE, ACCURATE A	URATE OR I AN APPLIC Y KNOWLEI	FALSE INFO CATION FOI DGE, THE IN	ORMATION MUS R CERTIFICATIO	ST WAIT TWELVE (12) ON.
Signature of Applicar	nt		Date	
Sworn to and subscribed before me, this	day of	(month)	(year)	
				Notary Duklia
My commission expires				Notary Public SEAL

Note: 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. All applicants will be notified by letter after application review by the Commission. Applicants that are approved to take the certification examination will be mailed information on scheduling their written examination.

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^{*} 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.