



ROY COOPER  
Governor

TODD MUENCH  
Chairman

## Letter of Reference for Well Contractor Certification Applicant

This letter is submitted with the knowledge that “well contractor activity” 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  
**(Print Full Name)**  
applicant 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. 5/21

**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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_  
(Month, Day, Year)

SEAL

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