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

YOUR	Europe	C:		- <u>vv</u> 0000
NAME: Homer FIRST	Eugene MIDDLE	Simpson LAST	SOCIAL SECURITY #: <u>XXX</u> (last 4 digits only)	<u>- XX -</u> 0000_
	illmore Lane ical address, not P.O. box)		_ COUNTY_	Wake
Raleigh, CITY, STATE	NC 27601 ZIP CODE			
HOME PHONE:919/	MOBILE 555-1212 PHONE: 9	919/ 555-1212	DATE OF BIRTH:01/ MONTH	
EMAIL:W	/eldrlrHES@nomail.com			
PRESENT EMPLOYER NAME:	Well Drilling CO			-
EMPLOYER ADDRESS:S	500 Well Drilling Drive TREET (physical address, not P.O. box)	Raleigh CITY,	NC STATE	27699 ZIP CODE
EMPLOYER BUSINESS	S PHONE:919/555-1111	EM	IPLOYER COUNTY	_ Wake
Send My Mail to: (Select <u>One</u>)	□ Home Address X	□ Other (P.O. Box): _		
Due to Biofou Above Land S	<u>Contractor Activities Incl</u> uling; Well Developmen urface; and All Level D A	it; Packer and Line Activities.	r Installations; E	xtend Well Casing
				Office Use Only
(1) BE AT LEAST 18 YEARS OF AGE.(2) PROVIDE SATISFACTORY PROOF OF 6 MONTHS (FULL-TIM)				<i></i>
EQUIVALENT) OF EXPERIENCE INCLUDING LEVEL SPECIF WELL CONTRACTOR ACTIVITIES. (SEE ABOVE)				
(3) ONCE THE APPLICATION IS APPROVED, PASS THE LEVEL C CERTIFICATION EXAM.			Amount: Date Received:	

Select one of the following as your method to demonstrate satisfactory proof(s) of six (6) months experience in well contractor activities:

- _X_ 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 <u>6 months</u>. 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 6 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)

XXX - XX - ___0000_____ Applicantøs Social Security # (last 4 digits)

Highest level of formal education completed: (select one)

Did not graduate High School

X High school/GED \Box Associate Degree

□ Bachelorøs Degree

□ Masterøs / PhD

List your work experience for the past 7 years, beginning with your current employer:

Link Lundors Link Vision S Stor Well Drilling Drive (Give, State, Zp): Ratelyn, NC 27699 Job 'Itie: Spervisons Name: 01/07/15 Telephone Number: 919-555-111 Date Employed (movyr) 01/07/15 List major duties in order of their importance in the job. Please he specific: 01/07/15 Patt Employed (movyr) 01/07/15 Extending well casing above grade Liner installations Telephone Number: 919-555-111 Patt Exployed (movyr) 01/07/15 Extending well casing above grade Liner installations Telephone Number: 910 Part Time. Years Months Extending well casing above grade Liner installations Telephone Number: 910 To part time, number of hours worked per week: Spervisons Name: (City, State, Zp): (City, State, Zp): Telephone Number: 910 Job Title: Spervisons Name: (Street): (City, State, Zp): Telephone Number: 910 Job Title: Spervisons Name: (Street): (City, State, Zp): Telephone Number: 910 Job Title: Months Telephone Number: 910 Part Time, Trans, Years Months Telephone Number: 910 Internet Years Months Telephone Number: 910 Internet Years Months Telephone Number: 910 Date Employed (movyr) Figue Years <th>Current Employer</th> <th>Employer Address</th> <th></th>	Current Employer	Employer Address				
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(make copies of this page if additional space is needed)

XXX - XX - 0000 Applicantøs 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

\$175 (unless applying via reciprocity), made out to the N.C. Well Contractors Certification Commission (NCWCCC).

(This fee covers processing, the initial annual fee (\$125) as well as a scheduled exam fee (\$50)).

If you are applying via **Reciprocity**, the application fee is **\$125**.

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 APPLICATIO APPLICANTS WHO SUPPLY INACCU MONTHS BEFORE RESUBMITTING A	RATE OR	FALSE INF	ORMATION MU	ST WAIT TWELVE (12)
I CERTIFY THAT, TO THE BEST OF MY APPLICATION IS TRUE, ACCURATE AI			NFORMATION S	UBMITTED IN THIS
Signature of Applicant			Date	
Sworn to and subscribed before me, this	day of _	(month)	, (year)	
My commission expires			Notary Public 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. Applicants that are approved to take the certification examination will be mailed an admission ticket containing examination date and location.