

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

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: \_\_\_\_\_ CITY, STATE ZIP CODE  
STREET (physical address, not P.O. box)

EMPLOYER BUSINESS PHONE: \_\_\_\_\_ / \_\_\_\_\_ EMPLOYER COUNTY \_\_\_\_\_

Send My Mail to:  Home Address  Employer Address  Other (P.O. Box): \_\_\_\_\_  
 (Select **One**)

**Level B Well Contractor Activities Include: All Well Contractor Activities *Except* Air, Mud and Sonic Rotary Drilling, and Wet Rock Coring. This Level Includes Hydrofracturing and All Level C and D Activities.**

**TO BE ELIGIBLE FOR LEVEL B CERTIFICATION AS A WELL CONTRACTOR, A PERSON MUST:**

- (1) BE AT LEAST 18 YEARS OF AGE.
- (2) PROVIDE SATISFACTORY PROOF OF 12 MONTHS (FULL-TIME EQUIVALENT) OF EXPERIENCE INCLUDING LEVEL SPECIFIC WELL CONTRACTOR ACTIVITIES. (SEE ABOVE)
- (3) ONCE THE APPLICATION IS APPROVED, PASS THE LEVEL B 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 twelve (12) 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 **12 months**. 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 12 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 \$150 made out to the N.C. Well Contractors Certification Commission (NCWCCC).  
(This fee covers processing, the initial *annual fee(\$150)*).

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

RETURN THIS FORM, WITH SUPPORTING DOCUMENTATION AND FEE, TO:  
NC 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 after application review by the Commission. Applicants that are approved to take the certification examination will be mailed information on scheduling their written examination.