NORTH CAROLINA WELL CONTRACTORS CERTIFICATION COMMISSION

APPLICATION FOR CERTIFICATION AS A WELL CONTRACTOR- Level B

YOUR NAME:			SOCIAL SECURITY #: XXX	<u> </u>
FIRST	MIDDLE	LAST	(last 4 digits only)	
HOME ADDRESS			COUNTY	
STREET (phys	ical address, not P.O. box)			
CITY, STATE	ZIP CODE			
HOME	MOB	ILE		
PHONE:/_	PHO	ILE NE:/	DATE OF BIRTH:/	AY YEAR
PRESENT EMPLOYER NAME:				_
EMPLOYER				
ADDRESS:	STREET (physical address, not P.O. b	ox) CITY,	STATE Z	IP CODE
EMPLOVER BUSINES	S PHONE:/	Ţ	EMPLOYER COUNTY	
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Sand My Mail tax	□ Homo Addross	☐ Employer Address	Other (DO Pay)	
(Select One)	☐ Home Address	☐ Employer Address	□ Other (F.O. Box)	
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Highest level of formal education co	ompleted: (select one)	XXX - XX - Applicant's Social Security # (last 4 digits)
☐ Did not graduate High Schoo		☐ Associate Degree
☐ Bachelor's	_	C
	-	
List your work experience for the pa	st 7 years, beginning with your cu	urrent employer:
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 importa	nce 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 importa	nce 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 importa	nce 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)

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<u>XXX - XX -</u>			
Applicant's Soc	ial Security #	(last 4	digits)

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.

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 KNO APPLICATION IS TRUE, ACCURATE AND CO		E INFORMATION SUBMITTED IN THIS					
Signature of Applicant		Date					
Sworn to and subscribed before me, this day	of(month)	(year)					
	_						
My commission expires		Notary Public 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.

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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.