Annual Registration Form for Well Contractors

Craven County Health Department

Well Contractor Name: _____

NC Well Contractor Certification Number: _____

Company Name: _____

Company Mailing Address: _____

_____

Email Address: _____

Phone Numbers:

( )	_____	Work	( )	_____	Work #2
( )	_____	Mobile	( )	_____	Mobile # 2
( )	_____	Pager	( )	_____	Pager # 2
( )	_____	Fax	( )	_____	Fax #2

What are the names of your employees?

Employee Name	Certification Number (if applicable)
_____	_____
_____	_____
_____	_____

In what other counties are you registered?

_____ _____ _____

_____ _____ _____

_____ _____ _____

How many years have you been installing wells? _____

_____ _____

Signature Date

Remember: You must renew this registration every year during the period from January 1 to January 31, regardless of when you submitted your first registration application form.

Please mail (or fax) this completed form to:

Well Contractor Registration
Environmental Health Section,
Craven County Health Department,
P.O. Drawer 12610, New Bern, NC 28561
Phone: (252) 636 – 4936 Fax: (252) 636 - 1474