



### REQUEST FOR APPROVAL OF TRAINING PROGRAM

Request for approval of a training program for licensees required to obtain continuing education contact hours credit as a requirement for renewal of licenses.

- a. Fill out each numbered section completely.
- b. Submit 60 days prior to presentation of course to:  
DNREC – Water Supply Section  
Licensing Program Coordinator  
89 Kings Highway  
Dover, DE 19901
- c. Submit a copy of program agenda. Each licensee is responsible for establishing proof of attendance.

- 1. Program Title: \_\_\_\_\_
- 2. Name of Sponsoring Agency: \_\_\_\_\_
- 3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Program Location: \_\_\_\_\_
- 5. Date(s) and time(s) of program: \_\_\_\_\_
- 6. Number of attendees expected: \_\_\_\_\_
- 7. Instructor Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_
- 8. Instructor's Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Describe educational benefits to be derived from program or course (attach agenda, flyer, course syllabus, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- 10. Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_
- 11. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Recommendation of  
Water Well Licensing Board:  
Approve: \_\_\_\_\_  
Disapprove: \_\_\_\_\_  
Date reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature*

ACTION BY DNREC  
Approve: \_\_\_\_\_ # points: \_\_\_\_\_  
Disapprove: \_\_\_\_\_  
\_\_\_\_\_  
Date reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_