



**APPLICATION FOR RENEWAL OF  
WELL DRILLER, WELL DRIVER, PUMP INSTALLER  
LICENSE**

PLEASE COMPLETE EACH SECTION IN FULL  
A SEPARATE FORM MUST BE SUBMITTED FOR EACH LICENSE RENEWAL  
PLEASE PRINT OR TYPE

LICENSE TYPE (CIRCLE ONE)		LICENSE NUMBER				
<b>WD</b>	<b>PI</b>					

1. NAME OF LICENSEE:  
\_\_\_\_\_
2. HOME MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_
3. NAME OF COMPANY:  
\_\_\_\_\_
4. COMPANY MAILING ADDRESS:  
\_\_\_\_\_
5. COMPANY LICENSE NUMBER: (CIRCLE ONE) **WC** OR **PC** NUMBER:  
\_\_\_\_\_
6. COMPANY TELEPHONE NUMBER: \_\_\_\_\_ FAX:  
\_\_\_\_\_
7. HAS ANY OF THE ABOVE INFORMATION CHANGED DURING THE LAST YEAR? Yes \_\_\_\_\_ NO \_\_\_\_\_

**THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE  
LICENSE FEE  
AND A LIST OF THE CONTINUING EDUCATION CREDITS RECEIVED DURING THE YEAR**

CHECKS ARE TO BE MADE PAYABLE TO: DIVISION OF WATER RESOURCES

WELL DRILLER                      \$30  
PUMP INSTALLER                  \$15

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE