

**Department Of Natural Resources
Environmental Protection Division – Regulatory Support Program
19 Martin Luther King Jr. Dr., S.W.
Room 400 Atlanta, Georgia 30334**

Application for A License To Practice As A Water Well Contractor

Application Fee Paid: _____ Board Approved: _____
Date Date
Reciprocity Fee Paid: _____ Board Denied: _____
Date Date
Examination Fee Paid: _____ Reason: _____
Date Date
Examination Score: _____
Current Passing Score: _____ License Number: _____
Date Passed: _____ Date Issued: _____
Date Failed: _____ Chairman: _____

DO NOT WRITE ABOVE THIS LINE

Information must be printed in ink or typewritten

1. GENERAL INFORMATION

NAME: _____
Last First Middle

Company: _____
OWNER ____ PARTNER ____ OFFICER ____ FULL TIME EMPLOYEE ____
OTHER (explain) _____

BUSINESS ADDRESS: _____
Street City State ZIP

MAILING ADDRESS (if different): _____

RESIDENCE ADDRESS: _____
Street City State ZIP

BIRTHPLACE: _____ DATE OF BIRTH: _____

TELEPHONE NUMBER: () _____ () _____
Home Business

2. MEMBERSHIP IN TECHNICAL SOCIETIES, INSTITUTES AND TRADE ASSOCIATIONS

Name of Organization Grade of Membership Date

3. OTHER QUALIFICATIONS, HONORS, ETC.

4. EXPERIENCE IN WATER WELL CONSTRUCTION BUSINESS

Present a certified affidavit from a licensed water well contractor that you (the applicant) have had at least two years of water well construction experience under said licensed contractor. In lieu of the method described, presentation to the council, at the council's request, of satisfactory proof of equivalent value, which, at the council's option may be accepted on an individual basis.

AFFIDAVIT OF APPLICANT

State of _____

County of _____

Being first duly sworn, deposes and says:

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith.

Signature of Applicant

Sworn and subscribed before me
this _____ day of _____, 20_____

(Notary Public)

My commission expires _____
(Seal)

NOTE: A check or money order in the amount of \$100.00 made payable to the Director, Environmental Protection Division must be attached to cover the application fee. The completed application should be mailed to the following address:

WATER WELL STANDARDS COORDINATOR
Environmental Protection Division – Regulatory Support Program
19 Martin Luther King Jr. Dr. SW, Room 400
Atlanta, Georgia 30334

TO BE COMPLETED BY ALL APPLICANTS TAKING THE WRITTEN EXAMINATION
All applicants for a written examination are required to take the general test and any one of the following examinations. Please indicate which examination category you wish to take: (check one)

- ___(a) Cable Tool Drilling in Unconsolidated Material
- ___(b) Cable Tool Drilling in Rock
- ___(c) Air Rotary Drilling in Unconsolidated Material
- ___(d) Air Rotary Drilling in Rock Material
- ___(e) Mud Rotary Drilling in Unconsolidated Material
- ___(f) Mud Rotary Drilling in Rock
- ___(g) Reverse Rotary Drilling in Unconsolidated Material
- ___(h) Jetting and Drilling Wells in Unconsolidated Material
- ___(i) Boring and Augering in Unconsolidated Material