



**CONTINUING EDUCATION CERTIFICATION FOR LICENSE RENEWAL
 WELL DRILLER
 PUMP INSTALLER**

LICENSE TYPE (CIRCLE ONE)		LICENSE NUMBER				
WD	PI					

NAME: _____
 ADDRESS: _____
 NAME OF COMPANY YOU WORK FOR: _____ CONTRACTOR LIC. NO: _____
 NAME OF PROGRAM or MEETING ATTENDED: _____
 SPONSORED BY: _____ DATES ATTENDED: _____
 LOCATION: _____
 LENGTH IN HOURS: _____ INSTRUCTOR'S NAME (PLEASE PRINT): _____
 ATTENDANCE CERTIFIED BY (PLEASE PRINT): _____ PHONE: _____
 SIGNATURE OF CERTIFIER OR INSTRUCTOR: _____ DATE: _____

COMMENTS: _____

I N S T R U C T I O N S

- A. PLEASE PRINT OR TYPE
- B. FILL OUT EACH SECTION COMPLETELY. WATER SUPPLY SECTION
- C. STUDENT SIGNATURE
- D. SIGNATURE OF ANYONE PROGRAM SPONSOR ALLOWS TO ATTEST TO THE STUDENT BEING PRESENT DURING THE PROGRAM.
- E. PROVIDE ANY COMMENTS IN THE SPACE PROVIDED
- F. SUBMIT TO:

**DNREC – WATER SUPPLY SECTION
 LICENSING PROGRAM COORDINATOR
 89 KINGS HIGHWAY
 DOVER DE 19901**

<u>OFFICIAL USE ONLY</u>	
# HRS. ACCEPTED:	_____
APPLY TO LIC. YR.	_____
AUTHORIZED BY:	_____
DATE:	_____