



APPLICATION FOR RENEWAL OF WATER WELL CONTRACTOR or PUMP INSTALLER CONTRACTOR 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			
W C	P C				

1. NAME OF COMPANY: _____
2. BUSINESS MAILING ADDRESS: _____
3. BUSINESS TELEPHONE _____ BUSINESS FAX: _____
4. NAME OF OWNER OR OFFICER(S) OF COMPANY: _____
5. HAS ANY OF THE ABOVE INFORMATION CHANGED DURING THE LAST YEAR? YES { } NO { }

6. THIS APPLICATION MUST BE ACCOMPANIED BY

A. THE APPROPRIATE LICENSE RENEWAL FEE, RENEWAL FEES ARE:

WATER WELL CONTRACTOR: \$150

PUMP INSTALLER CONTRACTOR: \$115

MAKE CHECKS PAYABLE TO: **DIVISION OF WATER RESOURCES**

B. A COPY OF THE COMPANIES CONTRACTOR LIABILITY INSURANCE POLICY OR RIDER, IF NOT CURRENTLY ON FILE.

Insurance policy must reflect valid contractor's liability coverage of at least \$100,000 per person and \$300,000 per occurrence bodily injury coverage and property damage coverage of at least \$50,000 per occurrence and aggregate. A certificate of insurance may be accepted in lieu of a policy providing it is endorsed to include the license holder by name. A current Insurance policy or rider must be maintained on file with the Water Supply Section at all times

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

SIGNATURE OF OWNER OR REPRESENTATIVE OF COMPANY

DATE