

DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY

Date Submitted _____

Approved by _____

Date _____

**WYOMING STATE BOARD OF EXAMINING WATER WELL DRILLING CONTRACTORS
AND WATER WELL PUMP INSTALLATION CONTRACTORS**

2515 Warren Ave., Suite 303

Cheyenne, WY 82002

PH: (307) 777-7241

FAX (307) 777-7243

rwilhe@state.wy.us

APPLICATION FOR LICENSURE

Please read the instructions thoroughly before completing this application.

1. NAME: _____
Last First Middle Initial Previous Names Used
2. SOCIAL SECURITY: _____ DATE OF BIRTH: _____
3. CITIZENSHIP: U.S. OTHER (U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from enclosed List A and B.)
4. HOME ADDRESS: _____ TELEPHONE NUMBER: _____
()
5. CURRENT EMPLOYER: _____
6. CURRENT JOB TITLE: _____
7. BUSINESS ADDRESS: _____ TELEPHONE/FAX NUMBERS: _____
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()
8. PREFERRED MAILING ADDRESS: HOME BUSINESS
9. E-MAIL ADDRESS: _____
10. The Board often receives requests for a list of certification/license holders from organizations offering education courses, or other information, which could be of interest to you. The list provided includes your name, license information and business mailing address, which by law are public records

Type of License applying for: Well Driller Pump Installer Well Driller&Pump Installer

11. **EDUCATION:** List any universities or colleges attended.

UNIVERSITY/ COLLEGE/ TECHNICAL	CITY/STATE	DEGREE(S)	DATE(S)	MAJOR(S)

12. **CERTIFICATION/LICENSES:** Indicate professional certifications/licenses which you currently or have previously held in water well drilling and/or water well pump installation.

PROFESSIONAL ORGANIZATION	CERTIFICATION OR LICENSE TYPE AND NO.	ISSUE DATE	EXPIRE DATE	CURRENT STATUS

13. **EXPERIENCE:** List below your training/work experience within the last ten (10) years. Begin with your most current training/work experience.

Dates: From _____ To _____
Month/Year Month/Year

Organization: _____

Address: _____

Phone # _____

Supervisor's Name: _____

Brief Description of Work: _____

Dates: From _____ To _____
Month/Year Month/Year

Organization: _____

Address: _____

Phone # _____

Supervisor's Name: _____

Brief Description of Work: _____

Dates: From _____ To _____
Month/Year Month/Year

Organization: _____

Address: _____

Phone # _____

Supervisor's Name: _____

Brief Description of Work: _____

HISTORY

14. Have you been convicted of a felony involving dishonesty, fraud, misrepresentation, embezzlement, theft, forgery, perjury, bribery, or breach of fiduciary duty in the past five (5) years? Yes No
15. Have you been convicted of any crime involving moral turpitude related to your proposed area of certification in the past five (5) years? Yes No
16. Are you currently incarcerated in a penal institution? Yes No
17. If previously certified in Wyoming, or licensed or registered in another state, or foreign country, have you had your certification/license/registration canceled, revoked, suspended, or not renewed for cause within the last five (5) years? Yes No
18. Have you ever been found by a court or any other state board to have been practicing without certification/license/registration in another jurisdiction within the United States in the past two (2) years? Yes No
19. Are you currently certified by the National Ground Water Association (NGWA) in the branch or discipline for which you are requesting licensure (attach copy of certification card), or successfully completed both NGWA's General Exam and Specialized Category Exam (attach copy of your score report)? Yes No
20. Are you currently covered under a general liability insurance policy in an amount of not less than \$300,000.00 (attach copy of insurance certificate)? Yes No

Provide a written explanation below if you answered "YES" to any of questions **14 through 18** above. If more space is needed, attach additional sheets of paper. Include copies of any documents needed to support your statements.

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT

In signing this application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Board, and W.S. § 33-42-101 through 33-42-111.

AFFIDAVIT

The undersigned deposes and under penalty of perjury says that he or she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

SIGNATURE OF APPLICANT

DATE

Reminders to the Applicant:

Did you remember to enclose the following?

- Proof of legal presence in the United States (i.e. copy of Driver's License or Passport)
- Application Fee: Resident - \$25.00; Nonresident - \$100.00 (each license area)
- Wyoming-Specific Exam Fee - \$25.00 (to be scheduled after all other requirements are met)
- License Fee (Triennial) - \$200.00 (each license area)
- Evidence of Applicant's certification by NGWA, or successful completion of NGWA's testing (or other entity approved by the Board)
- Proof of current coverage under a general liability insurance policy providing not less than \$300,000 coverage