



APPLICATION FOR WELL CONSTRUCTION OPERATOR TRAINING LICENSE

Resource Protection or Water Well

INSTRUCTIONS:

1. A filing FEE must accompany this application.
2. ALL SECTIONS MUST BE FILLED OUT COMPLETELY AND SIGNED IN ORDER FOR THIS FORM TO BE VALID.
3. You MUST submit proof of Continuing Education Units in the form of copies of certificates, CPR/first aid cards, etc.
4. Please attach your proof to this application, enclose the appropriate filing fee and mail to:
Washington State Department of Ecology, Cashiering Section, PO Box 47611, Lacey, WA 98504-7611.

You may apply and qualify for ONE TYPE OF TRAINING LICENSE at a time.

Water Well - \$75.00 Resource Protection Well - \$75.00

STATEMENT OF WORK EXPERIENCE AND ASSUMPTION OF LIABILITY

NOTE: Applicant must have a minimum of 600 hours of drilling experience and six (6) Continuing Education Units to qualify for a training license. Please list the applicant's well drilling experience for which you provide direct, on-site supervision. If experience is gained under more than one licensed driller, a separate form from each licensed driller must be submitted.

Drilling Experience (please check appropriate boxes)	FROM (month/year)	TO (month/year)
<input type="checkbox"/> Driller		
<input type="checkbox"/> Helper		
<input type="checkbox"/> Other - Explain		
Drilling Company Name:	Phone No:	
Address:		
Licensed Driller Name:	License No:	

I, _____ do swear that the above named applicant has completed _____ hours of drilling experience under my direct supervision. I take full responsibility for all well construction activities of the applicant during the time he/she was working under my direct supervision.

SIGNATURE _____

DATED this _____ day of _____, 20____.

STATEMENT OF SPONSOR

I, _____ agree to take full responsibility and assume total liability for any and all well construction activities of the applicant while working under my sponsorship as a trainee. I have read, understand, and agree to the terms of Chapter 173-162-060(1).

SIGNATURE _____

LICENSE NUMBER (if sponsor is DIFFERENT from above) _____

DATED this _____ day of _____, 20____.

Applicant Name:	SSN:
Street Address:	Phone No:
City:	State/Zip:
County:	Date:
Signature	

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.