

Renewal Application for Well Drillers and Pump Installers
SUBMIT THIS FORM AND REQUIRED CEH CERTIFICATE COPIES AT LEAST 30 DAYS PRIOR TO EXPIRATION

Full Name: _____ **Check one:** I am renewing my Master WD ___, Journeyman WD ___, or Pump Installer ___ certificate.

Home Mailing Address: _____ Telephone Numbers (work): _____ (home): _____ Fax Number: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____ Date of Birth ____/____/____

Certification Number: _____ If a Master or Journeyman WD, are you also doing pump installations? Yes ____ No ____.

Business Name or Employer: _____ Applicant's status with business (i.e., owner, employee) _____

What is the expiration for your business/employers bonding coverage? ____/____/____. What is the expiration for liability insurance coverage? ____/____/____.

Please list course information below and enclose a copy of your CEH course completion certificates. Keep your original certificates for your records. If additional space is needed, please attach an additional sheet listing required information. All continuing education hours must be pre-approved.

Course Title	Approved CEH #	Course Sponsor	Length of Class (Hours)	Date(s) attended

Master WDs should have 3 hours related to water well drilling (and 2 hours related to pump installations if applicable). Journeyman WDs should have 2 hours related to water well drilling (and 1 hour related to pump installations if applicable). Pump Installers should have 2 hours related to pump installations.

Fee Reminder: Attach nonrefundable check or money order made payable to WV BPH for \$150 for Master WD or Pump Installer and \$100 for Journeyman WD. **I hereby certify this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge. 64CSR19 Section 13.2 specifies falsification of any information provided is grounds for revocation.**

**Application must be
signed to be processed!**

Applicant Signature

Date

Mail application and fee packet to:
 OEHS, Certification & Training
 350 Capitol Street, Room 313
 Charleston, West Virginia 25301-3713
 Phone: (304) 356-4335 or (304) 356-4334
 Fax: (304) 558-4322
www.wvdhhr.org/oehs/eed/swap/trainingandcertification/waterwell

For Office Use Only

APPROVED / DENIED FOR RENEWAL BY: _____

REASON: _____ DATE: _____