

Colorado Water Well Contractors Association

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Application For:

WELL DRILLER AND/OR PUMP INSTALLER APPRENTICE REGISTRATION

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

RECEIPT NUMBER:	PAYMENT AMOUNT:	MONEY TYPE:
Registration #		

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK.

INDICATE THE TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING:

Circle Answers:

Well Driller (\$35.00)

Pump Installer (\$35.00)

Combination (\$60.00)

Is this an original application? Yes No

Is this application to transfer supervisory responsibility? Yes No

NAME

LAST:

FIRST:

MIDDLE INITIAL:

SUFFIX:

AGE 21 OR ABOVE:

YES NO

U.S. CITIZEN:

YES NO

GENDER: Male Female

TELEPHONE NUMBER:

EMAIL ADDRESS:

MAILING ADDRESS:

PHYSICAL ADDRESS:

APPLICANT SIGNATURE:

DATE:

APPLICANT NAME:

APPLICANT SOCIAL SECURITY NUMBER:

THIS SECTION OF THE FORM IS TO BE COMPLETED BY THE SUPERVISING DRILLER AND/OR PUMP INSTALLER

PLEASE COMPLETE THE FOLLOWING INFORMATION:

SUPERVISING DRILLER NAME: _____

LICENSE NUMBER: _____

SUPERVISING PUMP INSTALLER NAME: _____

LICENSE NUMBER: _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE APPRENTICESHIP, INCLUDING ALL SPECIFIC REQUIREMENTS

THE TYPES OF WELLS TO BE DRILLED AND/OR THE CLASSIFICATIONS OF PUMPS TO BE INSTALLED:

EQUIPMENT USED:

SAFETY

TRAINING: _____

QUALIFICATION BENCHMARKS TO INCLUDE: PROCEDURES, EXPERIENCE, AND KNOWLEDGE:

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT AND THAT THIS APPLICANT WILL BE ENGAGED IN AN APPRENTICESHIP PROGRAM UNDER MY DIRECT SUPERVISION. I AGREE TO ACCEPT ANY AND ALL FINANCIAL AND LEGAL OBLIGATIONS FOR HIS/HER ACTIVITIES ASSOCIATED WITH THE APPRENTICESHIP PROGRAM.

SUPERVISING DRILLER SIGNATURE: _____ DATE: _____

SUPERVISING PUMP INSTALLER SIGNATURE: _____ DATE: _____