

**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**

PO BOX 614 POWELL, WY 82435  
PHONE: 307-851-7770 & FAX (888) 988 - 1322  
[Jimmy.gordon@wyo.gov](mailto:Jimmy.gordon@wyo.gov)

**APPLICATION FOR LICENSURE**

**Please read the instructions thoroughly before completing this application.**

Type of License applying for: WELL DRILLERS LICENSE  PUMP INSTALLERS LICENSE

1. NAME: \_\_\_\_\_  
Last First Middle Initial Previous Names Used

2. DATE OF BIRTH: \_\_\_\_\_

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: \_\_\_\_\_  
( )  
( )

8. PREFERRED MAILING ADDRESS:  HOME  BUSINESS

9. E-MAIL ADDRESS: \_\_\_\_\_

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

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

11. **CERTIFICATION/LICENSES:** Indicate professional certifications/licenses which you currently or have previously held.

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

12. **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

13. Have you overseen and been in responsible charge of,
- (a) the construction, alteration, or rehabilitation of a water well, or  Yes  No
- (b) the installation of pumping equipment in a water well in Wyoming after July 1, 2008?  Yes  No
14. Have you ever been convicted of a felony?  Yes  No
15. Have you been convicted of any crime involving moral turpitude related to your proposed area of licensure in the past?  Yes  No
16. Are you currently incarcerated in a penal institution?  Yes  No
17. a. If currently or previously licensed in Wyoming, or licensed or registered in another state, or foreign country, has your certification/license/registration been canceled, revoked, suspended, or not renewed for cause?  Yes  No
- b. Do you hold any license currently involved in any complaint, investigation, or hearing proceedings? \_\_\_\_\_ If Yes please explain.
18. Has your application for a professional license ever been denied?  Yes  No
19. Have you ever been found by a court or any state board to have been practicing without certification/license/registration?  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
21. 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 have you successfully completed both NGWA's General Exam and Specialized Category Exam (attach copy of your score report)?  Yes  No
22. Do you understand that 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.)?  Yes  No

Provide a written explanation below if you answered "YES" to any of questions 13 through 19 above. If more space is needed, attach additional sheets of paper. Include copies of any documents needed to support your statements.

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**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.

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SIGNATURE OF APPLICANT

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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 - \$75.00 per license (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 Wyoming Contractors Exams - \$75.00 each per license)
- Proof of current coverage under a general liability insurance policy providing not less than \$300,000 coverage.
- Make check payable to WWCB.