

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 RENEWAL**

Please read the questions thoroughly before completing this application.

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

WYOMING LICENSE # \_\_\_\_\_

1. NAME: \_\_\_\_\_  
Last First Middle Initial Previous Names Used
2. DATE OF BIRTH: \_\_\_\_\_  
Social Security # \_\_\_\_\_
3. CITIZENSHIP:  U.S.  OTHER
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: \_\_\_\_\_

## HISTORY

10. 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
11. 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
12. Are any of your professional license(s) currently involved in any complaint, investigation, or hearing proceedings?  Yes  No
13. Has your certification/license/registration canceled, revoked, suspended, or not renewed for cause within the last three (3) years?  Yes  No
14. Have you been found by a court or any state board to have been practicing without certification/license/registration in the past three (3) years?  Yes  No
15. Has your application for a professional license been denied in the past 3 years?  Yes  No
16. Has your professional license(s) ever been disciplined, suspended, revoked, or are such charges pending at this time?  Yes  No
17. Have you been convicted of a felony in the past three (3) years?  Yes  No
18. Have you been convicted of any crime involving moral turpitude related to your proposed area of certification in the past three (3) years?  Yes  No
19. Are you currently incarcerated in a penal institution?  Yes  No

**Provide a written explanation below if you answered "YES" to any of questions 12 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

### **RENEWAL CHECKLIST**

1. Completed application for renewal
2. Submit log of continuing education hours/credits
3. Submit current copy of liability insurance
4. Signature and Date
5. Triennial Fee Enclosed (\$200) per License Type  
Make checks payable to WWCB.