

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**

122 W. 25TH STREET, HERSCHLER BUILDING 1-W

CHEYENNE, WY 82002

PHONE: 307-857-4169 & FAX (888) 988 - 1322

wwcb@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.

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.

SIGNATURE OF APPLICANT

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.