

State of Alabama Water Well Standards Program New License Application (Do Not Use for License Renewal)

ADEM Form No. 193 m1.1

ADEM USE ONLY	
Approved:	Rejected:
License Number:	
Date :	
Approved By:	

Please read instructions before completing this applic	ation. Type or Print in	black ink.	
APPLICANT INFORMATION:			
Mr. ()			
Name: Ms. ()			
Mrs. ()			
(First) (Middle)	(Last)	(Jr., Sr., III, etc.)	
4.11			
Address:(N umber and Street)		(Hama Talanhana)	
(iv uniber and Street)		(Home Telephone)	
(City) (State)	(Zip)	(Work Telephone)	
	. 2	· ·	
(County)			
E mail address			
E-mail address			
EVDEDIENCE			
EXPERIENCE: (Please submit a separate form for each driller or company where experien	ce was gained.)		
Driller or Company :	License #		
Diffici of Company .	Electis	C II	
Dates of Employment: From: To:			
(month and year) (month	and year)		
Total Months: Full Time Part Time Number of Ho	urs Per Week:		
Times of Walls Deillody Domestic Dublic Imigation	Moniton	Other Total	
Types of Wells Drilled: Domestic Public Irrigation	Widilitoi V	Other Total	
Duties and Responsibilities:			
Duties and Responsionness.			
		·····	
I, the undersigned, do hereby affirm and swear, under oath, that I am the said			
contained in this application are true and correct to the best of my knowledge			
or supporting data may result in denial of this application or suspension/revo			
that it is my responsibility to provide documentation upon request of any clai		ride supplemental material to	
reflect any material change in circumstances which may affect my eligibility	for licensure.		
Signature of Applicant:	Ţ	Date:	
orginature of Applicant.	1	vau	

EXPERIENCE VERIFICATION: (This section should be filled out by person who is verifying experience of applicant.)		
you concur with the above applicant's duties and responsibilities and time of experience? YES \square NO \square		
y contacts with the applicant were during the period of time fromto		
nere I was employed with License #		
As the applicant's supervisor As the applicant's associate employed by the same company		
neither of the above is the case, please state basis of contact		
omments:		
(Attach additional sheet if needed)		
view of my knowledge of the applicant and his/her abilities, I recommend the applicant for Licensed Well Driller tus. (do, do not)		
int Name:		
ate of Licensure: License Number: Expiration Date:		
esent Position: Company:		
ldress:		
nytime Phone Number:		
the undersigned, do hereby affirm and swear, under oath, that all statements made and information contained in this form are true d correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in deal of this application or suspension/revocation of any certificate I may hold.		
gnature: Date:		
NOTICE TO APPLICANT Before mailing please be sure that the application is completed in its entirety. An application must be accompanied by a nonrefundable license fee of \$200.00 (Checks or money orders only). Faxed applications are not accepted. Mail application with appropriate fee to:		
Alabama Water Well Standards Program Alabama Department of Environmental Management Post Office Box 301463 Montgomery, Alabama 36130-1463		
Visit our website at www.adem.alabama.gov		