



State of Alabama

Water Well Standards Program

New License Application

(Do Not Use for License Renewal)

ADEM Form No. 193

ADEM USE ONLY

Approved: _____ Rejected: _____

License Number: _____

Date: _____

Approved By: _____

Please read instructions before completing this application. Type or Print in black ink.

APPLICANT INFORMATION:

Name: Mr. ()
 Ms. ()
 Mrs. () _____

(First)
(Middle)
(Last)
(Jr., Sr., III, etc.)

Address: _____

(Number and Street)
(Home Telephone)

(City)
(State)
(Zip)
(Work Telephone)

 (County)

*Social Security Number: _____ E-mail address _____

Social Security Numbers are used only for the purpose of recordkeeping in accordance with Sec. 7(a)(2)(a) of P.L. 93-579

EXPERIENCE: (Please submit a separate form for each driller or company where experience was gained.)

Driller or Company : _____ License # _____

Dates of Employment: From: _____ To: _____

(month and year)
(month and year)

Total Months: _____ Full Time _____ Part Time _____ Number of Hours Per Week: _____

Types of Wells Drilled: Domestic _____ Public _____ Irrigation _____ Monitor _____ Other _____ Total _____

Duties and Responsibilities:

I, the undersigned, do hereby affirm and swear, under oath, that I am the said applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any license I may hold. Further, I understand that it is my responsibility to provide documentation upon request of any claims on this form and provide supplemental material to reflect any material change in circumstances which may affect my eligibility for licensure.

Signature of Applicant: _____ **Date:** _____

EXPERIENCE VERIFICATION: (This section should be filled out by person who is verifying experience of applicant.)

Do you concur with the above applicant's duties and responsibilities and time of experience? YES NO

My contacts with the applicant were during the period of time from _____ to _____

where I was employed with _____ License # _____

As the applicant's supervisor As the applicant's associate employed by the same company

If neither of the above is the case, please state basis of contact _____

Comments: _____

(Attach additional sheet if needed)

In view of my knowledge of the applicant and his/her abilities, I _____ recommend the applicant for Licensed Well Driller status. (do, do not)

Print Name: _____

State of Licensure: _____ License Number: _____ Expiration Date: _____

Present Position: _____ Company: _____

Address: _____

Daytime Phone Number: _____

I, the undersigned, do hereby affirm and swear, under oath, that all statements made and information contained in this form are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certificate I may hold.

Signature: _____ 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