

<p style="text-align: center;">ePay at: https://eec.ky.gov/Environmental-Protection/Water/GW/Pages/GWDrillers.aspx</p> <p style="text-align: center;">Or remit application with fees to:</p> <p style="text-align: center;">Division of Water Watershed Management Branch Groundwater Section Water Well Drillers Certification Program 300 Sower Boulevard, 3rd Floor Frankfort, KY 40601</p>	<p>Commonwealth of Kentucky Department of Environmental Protection</p> <h2 style="margin: 0;">Application for Certification Renewal</h2> <p>Water Well Driller, Water Well Driller Assistant, Monitoring Well Driller, Monitoring Well Driller Assistant</p> <p>Telephone: 502-564-3410 https://eec.ky.gov/Environmental-Protection/Water/GW/Pages/GWDrillers.aspx</p>	<p style="text-align: center;">For Official Use Only. Do not write in this Space.</p> <p>Amount Paid: _____</p> <p>Check Number: _____</p>
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Annual Recertification Begins on July 1, 20 and Expires June 30, 20

APPLICANT INFORMATION			
Name (first)	(Middle Initial)	(Last)	Agency Interest Number:
Certification Type (check all that apply):		Drilling Methods (check all that apply):	
<input type="checkbox"/> Water Well Driller <input type="checkbox"/> Water Well Driller Assistant <input type="checkbox"/> Monitoring Well Driller <input type="checkbox"/> Monitoring Well Driller Assistant		<input type="checkbox"/> CABLE TOOL <input type="checkbox"/> JETTED AND DRIVEN WELLS <input type="checkbox"/> AIR ROTARY/HAMMER <input type="checkbox"/> MUD ROTARY <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> AUGURING AND BORING <input type="checkbox"/> SONIC <input type="checkbox"/> DIRECT PUSH	
Certification Number:			
Company ID Number:	Driller ID Number:	-	
Company Name:			
Home Address (number and street):		City:	State:
E-mail Address:		Home Phone:	Business Phone Number:
Home Address (number and street):		City:	State:

Liability Insurance and Surety Bond Coverage (Kentucky Revised Statutes (KRS) 223.430)			
Proof of liability insurance coverage shall be submitted to the division before the application can be approved			
Carrier:	Policy ID:	Coverage Begins:	Coverage Ends:
Proof of the original, or of a new water well performance bond shall be submitted by the surety to the division in writing, or on the appropriate cabinet form, and must be received by the division before the certification period ends.			
Surety Company:	Bond ID Number:	Bond Type:	Policy Effective Date:

CONTINUING EDUCATION					
List all "Division Approved" training hours that are being used for this renewal. All hours must be earned prior to applying for certification renewal. For trainings hours received from non division sponsored events, completion certificates or other proof of training must be attached to this form.					
Course code (Available from the training vendor)	Training Course Title	Sponsor or Presenter	Date	Hours Earned Driller	Hours Earned Driller's Assistant

INFORMATION VERIFICATION		
All applications are subject to audit for verification of job duties and employment history.		
I am eligible to work in the U.S. <input type="checkbox"/>		
I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.400 through 223.991 and/or KRS 224.99-010.		
Print Applicant's Name	Applicant's Signature	Date



Renewal Fees: The renewal certification period is from July 1 through July 31 of each year. Renewal fees may be paid to the Kentucky State Treasurer , electronically beginning on June 1 st of each renewal year by using ePay on the division's website. Renewal applications submitted to the division by mail must be accompanied with a check or money order made payable to the Kentucky State Treasurer . Applications submitted without payment will not be processed.	
Well driller certification renewal fee	\$200.00
Well driller assistant certification renewal fee	\$200.00

