



State of Alabama Water Well Driller Reciprocal Application

ADEM Form No. 194

ADEM USE ONLY

Approved _____ Rejected _____

Reviewed By _____

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

1. APPLICANT INFORMATION:

Name: Mr. ()
Ms. ()
Mrs. () _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Address: _____
(Number and Street) (Home Telephone)

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

E-mail address _____

2. EMPLOYED BY: _____

Address: _____
(Number and Street) (Phone)

(City) (State) (Zip)

3. CURRENT TYPES OF CERTIFICATION HELD:

_____ Expiration Date _____

_____ Expiration Date _____

4. EXPERIENCE: (If your experience record is from more than two drilling companies please copy this portion of the application and submit as needed)

Company: _____

Address: _____

Dates of Employment: From : _____ To: _____
(month and year) (month and year)

Total Months: _____ Full Time Part Time

Number of Hours Per Week: _____

Duties and Responsibilities: _____

(Attach additional sheet if needed.)

5. APPLICATION VERIFICATION:

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 certificate 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 signed: _____

****NOTICE TO APPLICANT****

Before mailing, please be sure that you have completed the application 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. Information recorded on this form will be verified by contacting the certification authorities in the state where current licensure is held. For more information reference ADEM Administrative Code R. 335-9-1. 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