



# APPLICATION FOR ALABAMA WELL DRILLER'S LICENSE

**OFFICE USE — DO NOT WRITE IN THIS AREA**

License Year _____	Fee Submitted _____	License Issued To _____
Date Received _____	License No. _____	Remarks _____
Date Issued _____	No. Decals _____	Reviewed By _____

**PLEASE USE TYPEWRITER OR PRINT PLAINLY ● SUBMIT WHITE AND YELLOW COPIES**

Name of Applicant \_\_\_\_\_

New       Renewal (certified driller only)       No longer in business       No longer drilling in Alabama

Name of Drilling Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street, P. O. Box, Rural Route, etc.)      (City)      (State)      (Zip)

County \_\_\_\_\_ Telephone \_\_\_\_\_

Number of drilling rigs to be operated under this license \_\_\_\_\_

Type _____	Brand _____	Crew Chief _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the counties in which you expect to drill wells under this license

Statewide \_\_\_\_\_  
\_\_\_\_\_

Number of wells drilled in Alabama last year

Domestic \_\_\_\_\_ Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Monitor \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

Experience record (New Applicants only)

Number of years in the water well drilling business \_\_\_\_\_ Number of Ground Water Workshops attended \_\_\_\_\_

Deepest well drilled \_\_\_\_\_ Average depth of wells drilled \_\_\_\_\_ Largest diameter \_\_\_\_\_ Average depth cased \_\_\_\_\_

List five customers for whom you have drilled water wells during the past 12 months

Name	Address	Telephone
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

List professional organizations to which you belong

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Previous Employment (New applicants must affix affidavits or records of previous employment)

Name	Address	Telephone
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Fee attached ( ) **NOTE: A CERTIFIED CHECK OR MONEY ORDER in the amount of TWO HUNDRED DOLLARS (\$200) should accompany this application as prescribed by Section 4, Act 1516, Regular Session, 1971. Make checks, etc., payable to Alabama Department of Environmental Management.**

*I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that any false statement may cause the application to be refused.*

Applicant signature \_\_\_\_\_ Certification Number \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

(Notary)

Renewal Application does not have to be notarized.

RETURN TO  
Alabama Department of Environmental Management  
Water Well Standards Program  
P.O. Box 301463  
Montgomery, AL 36130-1463  
Phone: 334-271-7779