

# Colorado Water Well Contractors Association

P.O. Box 929, Indian Hills, CO 80454-0929

Phone: 720-244-8024

E-Mail: [execdir@cwvca.org](mailto:execdir@cwvca.org)

Application For:

**WELL DRILLER AND/OR PUMP INSTALLER APPRENTICE REGISTRATION**

**DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW**

RECEIPT NUMBER:	PAYMENT AMOUNT:	MONEY TYPE:
Registration #		

**DO NOT WRITE ABOVE THIS LINE**

**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK.**

**INDICATE THE TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING:**

Circle Answers:

**Well Driller (\$35.00)**

**Pump Installer (\$35.00)**

**Combination (\$60.00)**

Is this an original application?      Yes   No

Is this application to transfer supervisory responsibility?      Yes   No

NAME

LAST:

FIRST:

MIDDLE INITIAL:

SUFFIX:

AGE 21 OR ABOVE:

YES   NO

U.S. CITIZEN:

YES   NO

GENDER:      Male   Female

TELEPHONE NUMBER:

EMAIL ADDRESS:

MAILING ADDRESS:

PHYSICAL ADDRESS:

**APPLICANT SIGNATURE:**

**DATE:**

APPLICANT NAME:

\_\_\_\_\_

**THIS SECTION OF THE FORM IS TO BE COMPLETED BY THE SUPERVISING DRILLER AND/OR PUMP INSTALLER**

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

SUPERVISING DRILLER NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

SUPERVISING PUMP INSTALLER NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

**PLEASE PROVIDE A DETAILED DESCRIPTION OF THE APPRENTICESHIP, INCLUDING ALL SPECIFIC REQUIREMENTS**

**THE TYPES OF WELLS TO BE DRILLED AND/OR THE CLASSIFICATIONS OF PUMPS TO BE INSTALLED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EQUIPMENT USED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY**

**TRAINING:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATION BENCHMARKS TO INCLUDE: PROCEDURES, EXPERIENCE, AND KNOWLEDGE:**

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT AND THAT THIS APPLICANT WILL BE ENGAGED IN AN APPRENTICESHIP PROGRAM UNDER MY DIRECT SUPERVISION. I AGREE TO ACCEPT ANY AND ALL FINANCIAL AND LEGAL OBLIGATIONS FOR HIS/HER ACTIVITIES ASSOCIATED WITH THE APPRENTICESHIP PROGRAM.

\_\_\_\_\_  
SUPERVISING DRILLER SIGNATURE: DATE:

\_\_\_\_\_  
SUPERVISING PUMP INSTALLER SIGNATURE: DATE: