



WELL DRILLER'S LICENSE RENEWAL

SUBMIT ALL CONTINUING EDUCATION DOCUMENTATION WITH THIS FORM

I hereby request the renewal of my well driller's license for the period of July 1, 2021, to June 30, 2022, and I have enclosed the \$50.00 statutory renewal fee, NAC § 534.2923. *

1. Nevada Well Drillers License No. _____.
2. If employed as a well driller by a drilling contractor, list the name and address of the employer
_____.
3. Do you currently hold a Nevada State Contractors License? YES _____ NO _____
If so what type? _____, License No. _____.
4. Do you own or lease a drilling rig? YES _____ NO _____
If so what type(s)? _____.
5. Have you attended any of the *Regulations for Water Well and Related Drilling and or Forms* workshops/seminars that the Nevada Division of Water Resources offered during the months of July 2020 through June 2021? YES _____ NO _____ If so what workshop? Regulation _____ Forms _____.
6. Have you actively served in the Armed Forces of the United States for more than 120 consecutive days during this licensing period? YES _____ NO _____
7. Were you prevented from earning at least eight (8) credit units of continuing education (CEU's) because of a physical disability, serious illness or other extenuating circumstances? YES _____ NO _____

Note:

Up to four (4) CEU credits in excess of the required EIGHT (8) may be carried over to the next licensing period. If the licensed well driller has demerit points assessed against his license pursuant to NAC Chapter 534 any additional CEU credits may first go towards reducing the total number of demerit points assessed to his license, NAC 534.2923 and 534.500 (6) (a and b).

*** Renewals must be received by June 15, 2021, per NAC 534.2925, to ensure that the license will remain in force and continue without interruption. Please allow two to three weeks for the processing of your license renewal.**

SIGNATURE AND ADDRESS OF APPLICANT

Signature

Date

Print Name

Current Mailing Address

Telephone Number

City State Zip Code

Is this a new address? YES _____ NO _____

E-mail Address

AN ORIGINAL INKED SIGNATURE IS REQUIRED ON ALL DOCUMENTS

PLEASE COMPLETE THE BACK OF THIS FORM