



# 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, 2009, to June 30, 2010, 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* workshops/seminars that the Nevada Division of Water Resources offered during the months of July 1, 2008 through June 30, 2009?  
YES \_\_\_\_\_ NO \_\_\_\_\_
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 CEU's because of a physical disability, serious illness or other extenuating circumstances? YES \_\_\_\_\_ NO \_\_\_\_\_

Note:

Up to four (4) approved CE 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 extra CE credits must 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, 2009, per NAC 534.2925, to insure 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

\_\_\_\_\_  
Email Address

Is this a new address? YES \_\_\_\_\_ NO \_\_\_\_\_

**FAILURE TO COMPLETE AND SIGN THE CHILD SUPPORT FORM ON THE BACK OF THIS PAGE MAY RESULT IN THE DENIAL OF YOUR RENEWAL.**

To: Applicants for Well Driller's License and License Renewal

Federal Welfare Reform as implemented by Senate Bill 356 passed by the 1997 Session of the Nevada State Legislature requires that professional and occupational licensing agencies add certain requirements regarding child support to all applications for new licenses and for renewals. As a result of Senate Bill 356, professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the licensee. The Well Drilling License issued by the Division of Water Resources is subject to this requirement made mandatory by Senate Bill 356.

Every application for an occupational license must include a statement regarding the applicant's child support payment status, and failure to give a response or to sign the statement will cause denial of the application for licensing. If the applicant reports that he or she is not in compliance with a child support order or an approved repayment plan, then the applicant must contact a local district attorney or the Welfare Division to arrange for payment of child support. Senate Bill 356 requires the following **CHILD SUPPORT QUESTIONNAIRE** form to be completed.

Please mark the appropriate response (***FAILURE TO MARK ONE OF THE THREE AND SIGN WILL RESULT IN DENIAL OF THE APPLICATION***)

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number \_\_\_ - \_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

