

**FORM
4056**

Rev. 04/2025



**NEVADA DIVISION OF WATER RESOURCES
REQUEST FOR RECIPROCITY
TO OBTAIN
A NEVADA WELL DRILLER'S LICENSE**

For Division Use Only

Application ID: _____

Date Received: _____

Applicants Name: _____ Today's Date: _____

Applicant's E-mail Address: _____ Phone No: _____

Complete the following for EVERY state or jurisdiction for which the applicant holds a current license.

Attach additional pages if necessary.

A copy of each out of state license must be included with this request.

1.	Issuing State: _____ License Number: _____ Copy Included <input type="checkbox"/> Contact Person at Agency: _____ Address of Agency: _____ City: _____ State: _____ Zip Code: _____ E-mail Address: _____ Agency Phone No: _____
2.	Issuing State: _____ License Number: _____ Copy Included <input type="checkbox"/> Contact Person at Agency: _____ Address of Agency: _____ City: _____ State: _____ Zip Code: _____ E-mail Address: _____ Agency Phone No: _____
3.	Issuing State: _____ License Number: _____ Copy Included <input type="checkbox"/> Contact Person at Agency: _____ Address of Agency: _____ City: _____ State: _____ Zip Code: _____ E-mail Address: _____ Agency Phone No: _____

An applicant seeking reciprocity in Nevada MUST submit an application using the Nevada Well Driller's Management System in addition to completing this form. Failure to provide all requested information may result in delays in processing an application.

E-mail or send completed requests to:

Nevada Division of Water Resources
Aurelio "Manny" Fernandez
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Phone No.: (775) 684-2833