

IOWA DEPARTMENT OF NATURAL RESOURCES RENEWAL APPLICATION FOR GROUNDWATER PROFESSIONAL CERTIFICATION

CASHIER'S USE ONLY

0253-542-GP08-0581 Applicant Name Groundwater Cert #

APPLICANT INFORMATION: (Please Print Clearly)		
Applicant Name:	IA Groundw	ater Certification #:
Home Mailing Address:		
City:	State:	Zip:
Home Phone Number:	Email:	
Company Name:		
Company Mailing Address:		
City:	State:	Zip:
Company Phone Number:	Email:	
CONTINUING EDUCATION REQUIREMENTS: Twelve (12) hours of approved continuing education (during odd numbered years). Please list below an for the renewal period. Provide the name of the continuity hours. A copy of each course completion certificates.	y continuing education coul ourse, the institution where	ses you have completed that may be applicable you received the course and the number of
Course Name & Date Completed	Institution	Hours
RENEWAL FEE: A non-refundable, \$200 renewal fee must accomp completed renewal application, with required sup with card. To pay via check, please send the comp UST Licensing lowa Department of Natural Resources 502 E 9th Street Des Moines IA 50319-0034 Renewal applications must be submitted (postman	porting documentation to <u>u</u> leted renewal application, re urces	stlicensing@dnr.iowa.gov, and request to pay equired supporting documentation and fee to:
· ·	Real by Besember 1 to ens	are your certification aces not appear
SIGNATURE CERTIFYING INFORMATION		
I certify that the information on this renewal applicate the certification and civil and criminal penalties.	tion is true. I understand that	any misrepresentation can result in revocation of
Signature		Date