

Well Services Employment Record

Employer: _____

Address: _____

City: _____ State: _____

Hire Date: From: _____ to: _____ Hours of Experience: _____

List Duties Relevant to Contractor Services: (Be Specific):

Employer: _____

Address: _____

City: _____ State: _____

Hire Date: From: _____ to: _____ Hours of Experience: _____

List Duties Relevant to Contractor Services: (Be Specific):

Provisional Well Contractor Applicants Only

(Those applicants with only one half of the employment and experience required for full certification)

I hereby certify there is a shortage of certified well contractors (driller and pump installers) in the geographical area of the state I intend to operate: I have at least one year of work experience in well services performed under direct supervision of a certified well contractor and the Certified contractor co-signing this application agrees to be jointly liable for a violation of the rules regarding well construction, maintenance or plugging provided by me, and the violation is grounds for suspension or revocation of the certification of the certified well contractor and me, as the provisionally certified well contractor.

Signature of Applicant for Provisional Certification

Date

Signature of Applicant for Provisional Certification

Date