



Iowa Well Contractor Exam Application

CASHIER'S USE ONLY
0376-542-W300-CT-0597
Op ID
Name

Iowa Department of Natural Resources, 502 E 9th St, Des Moines IA 50319

Program Contact: Phone: (515) 664-8553 | Fax (515) 725-0348

Email: Laurie.Sharp@dnr.iowa.gov

Type or Print Legibly

Name (Last, First, Middle Initial): _____

Home Address (Street, PO Box): _____

City, State, Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ Email: _____

Social Security Number required: _____

Important: If Social Security Number is not given, application will be returned unprocessed.

I am applying for the following exam:

- Well Contractor/ Driller (\$100 fee)**
2 years employment & 2000 hours work experience in Class 1 & 2 well construction
- Well Contractor/ Pump Installer (\$100 fee)**
2 years employment & 1000 hours work experience in the installation, repair, and maintenance of water systems
- Both Well Driller & Pump Installer (\$150 fee)**

Exam Scheduling

Exams are available in Des Moines by appointment. When your exam application has been reviewed, you will receive a phone call to schedule your exam appointment.

Make check or money order payable to **Iowa Department of Natural Resources** and mail the check and application to the following address:

Iowa DNR
 Operator Certification
 502 E 9th St
 Des Moines, IA 50319

General Information

- Incomplete or illegible applications will be returned unprocessed.
- If you are eligible upon receipt of your application, the application remains valid for one year from process date.
- All applications are subject to audit.

I hereby certify that this application contains no willful misrepresentations of falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of: **Iowa Department of Natural Resources**

Signature in Ink

Date

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

PUBLIC NONDISCRIMINATION

Federal and State law prohibit discrimination on the basis of age, color, creed, mental and/or physical disability, gender identity, national origin, pregnancy, race, religion, sex, or sexual orientation. If you believe you have been discriminated against in any program, activity or facility as described above, or if you desire further information, please contact the Iowa Civil Rights Commission at 1-800-457-4416 or DNR’s Civil Rights Coordinators at civilrights@dnr.iowa.gov.