

APPLICANT INFORMATION:

IOWA DEPARTMENT OF NATURAL RESOURCES GROUNDWATER PROFESSIONAL CERTIFICATION RENEWAL APPLICATION

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

CASHIER'S USE ONLY

Certification Renewal Fee - \$200

Applicant	Name:		IA CGP #:	
Home Ma	iling Address:			
City:		State:	Zip:	
Phone Nu	mber:	Email:		
Employer	Name:			
Company	Mailing Address:			
City:		State:	Zip:	
Company	Phone Number:	Email:		
Public Cor	ntact Information: list your preferred pub	lic facing contact information for use in DNR	UST databases	
Mailing A	ddress:			
City:		State:	Zip:	
Phone Nu	mber:	Email:		
period. Pr	ovide the name of the course, the insti	ng education courses you have complete tution where you received the course an		
course co	mpletion certificate must be attached t Course Name & Date Completed	Instituti	on	Hours
	Course Name & Date Completed		on	Hours
SIGNATUI I hereby c knowledg am submi request in	RE CERTIFYING INFORMATION: ertify that the statements made in this e. I understand that any misrepresenta tting this application with all required s order to comply with lowa Code 252J. Iowa Administrative Code. I would like to receive general inform		are true and correct to the best of ification and civil and criminal peoply my social security number unumber unumber of the policy and the policy are uphold all relevant requirements of the policy are the policy and the policy are the policy and the policy are the policy and the policy are the policy are the policy and the policy are	of my enalties. I ipon ts in lowa ersonal
SIGNATUI I hereby c knowledg am submi request in Code and	RE CERTIFYING INFORMATION: ertify that the statements made in this e. I understand that any misrepresenta tting this application with all required so order to comply with lowa Code 252J. Iowa Administrative Code. I would like to receive general inform email entered in this application. I un	application and supporting documents tion may result in revocation of the cert supporting documentation. I agree to su If my application is approved, I agree to ation emails from the DNR about UST Programments and the supporting documentation.	are true and correct to the best of ification and civil and criminal peoply my social security number unumber unumber of the policy and the policy are uphold all relevant requirements of the policy are the policy and the policy are the policy and the policy are the policy and the policy are the policy are the policy and the policy are	of my enalties. I ipon ts in lowa ersonal

RENEWAL FEE:

A non-refundable, \$200 renewal fee must accompany each renewal application. To pay via credit card, please email your completed renewal application, with required supporting documentation to ustlicensing@dnr.iowa.gov, and request to pay with card. To pay via check, please send the completed renewal application, required supporting documentation and fee to:

UST Professional Certifications lowa Department of Natural Resources 6200 Park Ave Ste 200 Des Moines IA 50321

Renewal applications must be submitted (postmarked) by December 1 to ensure your certification does not lapse.

08/2025 cmc DNR Form 542-0091