Southwest Florida Water Management District 7601 U.S. Highway 301 North Tampa, FL 33637-6759 (813) 985-7481 or 1-800-836-0797 (Florida Only) SUNCOM 587-2070

APPLICATION FOR RENEWAL OF A WATER WELL CONTRACTOR'S LICENSE

Please complete the following information and sign this form. Send the form along with the applicable license fee to the attention of the Senior Regulation Processing Specialist, Tampa Regulation Department.

FEE SCHEDULE:	If postmarked on or bef If postmarked after July year after July 31 of ea be required.	/ 31 - \$125.00	If license is inactive	
Water Well Contractor	s License Number:			
Biennial License Rene	wal Period: 20 to 20_			
Name of Contractor:				
Business Name:				
Business Address:				_
City:		State: 2	Zip Code:	
Business Phone No.: _		Fax No.: _		
Cellular Phone No.:				
E-Mail Address:				
Home Address:				
City:		State:	Zip Code:	
Home Phone No.:				

I hereby certify that the above information is correct and request the renewal of my Water Well Contractor License. I understand and acknowledge my responsibilities under applicable rules and statutes relating to the licensing, permitting and construction of water wells including the Department of Environmental Protection's Rules (Ch. 62-531, F.A.C.), Disciplinary Guidelines and Procedures Manual and Florida Unified Citation Dictionary. I further certify that I have completed a minimum of 12 hours of approved coursework hours, a minimum of 6 of which are related to water well construction practices and applicable water well construction rules.

Number of Decals Needed: _____

Fee Amount Enclosed: \$_____

Signature

LEG-R.004.02 (4/09) Rule 40D-3.037(5), F.A.C.