



Permian Basin UWCD

Water Well Driller/Water Well Pump Installer

Registration

Check Appropriate Box:

- Water Well Driller
- Water Well Pump Installer

Company Name _____

Licensed Driller Name: _____

Mailing Address: _____

EMAIL: _____

Phone #: _____ Alt. Phone #: _____

License # _____ Renewal Date _____

Registered Apprentice(s) Name and License #(s):

1. _____ Lic. #: _____ Exp.Date: _____

2. _____ Lic. #: _____ Exp.Date: _____

3. _____ Lic. #: _____ Exp.Date: _____

Types of Drilling/Installation Performed: _____

Signature of License Holder

Date