

UTAH WELL DRILLER CONTINUING EDUCATION PROVIDER/COURSE APPROVAL FORM

PROVIDER (BUSINESS) INFORMATION

PROVIDER NAME: _____

PROVIDER ADDRESS: _____ CITY/STATE/ZIP: _____

PROVIDER REPRESENTATIVE: _____ TITLE: _____

DAYTIME PHONE NUMBER: () _____ FAX NUMBER: () _____

CONTINUING EDUCATION INFORMATION

COURSE TITLE: _____
(AS IT WILL APPEAR ON ADVERTISEMENTS, CLASS MATERIALS AND CERTIFICATE OF COMPLETION)

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE COURSE AND HOW IT PERTAINS TO WELL DRILLING (ATTACH A COPY OF THE COURSE CURRICULUM SHOWING THE ACTUAL NUMBER OF HOURS OF TRAINING)

ANTICIPATED STARTING DATE AND DURATION OF COURSE: _____

WHAT TYPE OF DOCUMENTATION OF COMPLETION WILL BE PROVIDED TO THE DRILLER? _____

(e.g., diploma, certificate, transcript, roster, etc.)

INSTRUCTOR INFORMATION

INSTRUCTOR QUALIFICATIONS (LIST EDUCATION, TRAINING OR EXPERIENCE THAT REFLECT THE QUALIFICATION NECESSARY TO TEACH THIS COURSE)

Representative's Signature _____ **Date** _____

NOTE: Please return completed form to Utah Division of Water Rights, ATTN: Jim Goddard at PO BOX 146300, SLC, UT 84114-6300 or fax to 801-538-7467. Please contact Jim Goddard at 801-538-7314 with questions. Keep copy of form for your records.