



APPLICATION FOR
FLORIDA WATER WELL CEU
 COURSE PROVIDER

Forward completed application to:
Florida Water Well Administrator
Attn: Course Provider Requests
325 John Knox Rd Ste L103
Tallahassee, FL 32303
Phone (850) 205-5641 Fax (850) 222-3019

SECTION I *(Please print or type)*

Provider Name _____
 Mailing Address _____
 City/State/Zip _____
 Phone _____ Fax _____ Email _____

SECTION II

Please indicate the type of entity by checking one of the following:

- Business/Corporation Association
 Government Agency Vocational School
 Other (Specify) _____

SECTION III

List responsible contacts below:

	Name	Title/Position
1.	_____	_____
2.	_____	_____
3.	_____	_____

SECTION IV

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND IF APPROVED AS A COURSE PROVIDER WE WILL ABIDE BY THE REQUIREMENTS SET FORTH IN THE MANUAL FOR COURSEWORK.

 Print or type name of authorized representative Signature of authorized representative Date

Accepted Course Providers will receive a Course Provider ID number valid for 2 years.

For Office Use Only:

Approval Date: _____ Expiration Date: _____
 Provider Number: _____ Reviewed By: _____