



**Secretary of State
Office of Professional Regulation**

**WELL DRILLERS
Verification of Experience**

This form must be completed by every employer where you gained your supervised practical experience.

To be completed by the Applicant:

| | | |
|--|--------------------|-------------------------|
| Applicant's Legal Name | | |
| *Class the applicant is applying for (circle one) | Water Well Driller | Monitoring Well Driller |
| Applicant's Signature | | |

To be completed by the Supervisor:

| | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|----------------------|---|
| Supervisor First Name | | MI | Supervisor Last Name | |
| | | | | |
| Employer's Name & Address: | Employer Name | | | |
| | P.O. Box Street/Apt # | | | |
| | City/State/Zip | | | |
| Employment Information | | | | |
| Date Employment Began (mm/dd/yy) | Date Employment Ended (mm/dd/yy) | Total Period of Employment | | Full Time (FT) or Part Time (PT) <i>(If part time indicate average hours per week)</i> |
| | | Years | Months | |
| | | | | |

Provide a detailed summary of the duties and responsibilities:

Provide a list of the type of equipment used:

Provide a detailed summary and description of the type and number of well drilled:

Statement of Employer

I certify that the above statements made by the applicant in this document are true and accurate to the best of my knowledge, and that they are not made for the purpose of aiding an unqualified applicant to become licensed, but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Signature of Supervisor/Employer

Date