



**CONTINUING EDUCATION STATEMENT
FOR WATER WELL DRILLER AND
PUMP INSTALLER LICENSE**
State Form 54445 (11-10)

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 W. Washington St., Room W264
Indianapolis, IN 46204-2641

Mail the completed statement to address above.

A licensed water well driller or licensed water well pump installer who has held a license for at least one (1) calendar year, must complete at least six (6) hours of approved continuing education as a condition of license renewal before December 31st of each even numbered year and must retain the following information for each course completed. Please fill out and sign this statement to be provided to the course provider. The course provider will return this statement to the Division of Water as written verification of attendance at an approved continuing education course. Licensed water well drillers or water well pump installers must maintain verification of attending continuing education courses for at least three (3) years. Course provider or instructor: Please retain a copy for your records, provide a copy to attendees, and send originals to the Division at the address listed above. (IC 25-39-3-2; IC 25-39-4-9)

Name of License Holder

Street Address or Box Number

City, State and ZIP Code

Telephone Number

1. Person or Organization presenting the Course: _____

2. Title of Approved Continuing Education Course: _____

Date (month, day, year): _____ Approved Course Hours: _____ Course Approval Code: _____

Location: _____

3. This Continuing Education Course applies to: ☐ water well drilling ☐ pump installation
(check one, or both if approved)

Additional Comments: _____

4. Number of Continuing Education Hours Earned for this Course: _____

I hereby swear or affirm under the penalties of perjury that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of License Holder

Signature of Course Instructor / Provider

Printed Name of License Holder

Printed Name of Course Instructor / Provider

License Number (Well Driller or Pump Installer)

Date (month, day, year)

Date (month, day, year)