CONTINUING EDUCATION COURSE REPORT FOR WATER WELL DRILLER AND PUMP INSTALLER LICENSE

State Form 54446 (11-10)

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

Mail the completed course report to the 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 renewal before December 31st of each even numbered year. An organization or individual conducting an approved continuing education course under these provisions is required to submit to the Department the following information within forty-five (45) days of course completion. (IC 25-39-3-2; IC 25-39-4-9)

1. Person or Organization presenting the Course: _____

2. Title of Approved Continuing Education Course: _____

   Date *(month, day, year)*: _____ Time Schedule:_____ Course Hours: _____

   Location: _____

3. This Continuing Education Course relates to: ☐ water well drilling ☐ pump installation *(check each approved)*

4. Number of Continuing Education Hours Approved for Course: _____ Approval Code: _____

Course Attendees First & Last Name:	License Number & Type Please Note License Type: Driller (D) or Pump Installer (P) then Number	Number of Hours Earned for Course

Attach additional sheet(s) if necessary.

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

_____ _____
Signature of Course Instructor / Provider Date of Report *(month, day, year)*

_____
Occupation / Organization