Water Well Standards

PO Box 98922

Lincoln NE 68509-8922

Phone: 402-471-0546 | FAX: 402-471-6436

**COMPLETION OF CONTINUING EDUCATION PROGRAMS**

***Please Type or Print Clearly***

[Name] :

1. That above named is the person completing this form.

2. That above named lives at [Street, PO Box], [City], [State], [ZIP], [Telephone Number].

3. That the above named holds a license issued by the Department of Environment and Energy, under the Nebraska Water Well Standards and Contractors’ Licensing Act, Number      .

4. That for the period between [Month/Date/Year] and [Month/Date/Year], he/she has completed the continuing education courses named below on the dates and at the locations described and for the number of hours set forth below:

|  |  |  |  |
| --- | --- | --- | --- |
| PROGRAM NAME/PROVIDER | PROGRAM LOCATION | PROGRAM DATES | HOURS EARNED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. That copies of all certificates or other evidence of completion provided by the program sponsor for each program listed in paragraph 4 are hereby attached. Proctors name must also be provided when submitting webinar requests. (Enclose copies of all such documents with the filing of this affidavit.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_