



## APPLICATION FOR CONTINUING EDUCATION COURSE PROVIDER FLORIDA WATER WELL CONTRACTOR CONTINUING EDUCATION PROGRAM

Please mail or email the completed application to: **Florida Water Well Administrator**  
**Florida Water Well Contractor Continuing Education Program**  
**Attn: Course Provider Approval**  
**325 John Knox Rd Ste L103**  
**Tallahassee, FL 32303**  
**Email: [info@flwwceu.org](mailto:info@flwwceu.org); Phone: 844-359-9238; Fax: 850-222-3019**

The Administrator shall approve or deny all applications within fourteen (14) business days from receipt. Some or all of the information in this application may be posted on the Florida Water Well Contractor Continuing Education Program website: [FLWWCEU.ORG](http://FLWWCEU.ORG).

### SECTION I: COURSE PROVIDER CONTACT INFORMATION *(Please print or type)*

Name: \_\_\_\_\_  
 Contact/Representative Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### SECTION II: COURSE PROVIDER BUSINESS INFORMATION

*(Please print or type)*

Please indicate the type of your business or employment:

- |  |  |
|--|--|
| <input type="checkbox"/> Business/Corporation  | <input type="checkbox"/> Trade or Business Association |
| <input type="checkbox"/> Government Agency     | <input type="checkbox"/> Vocational School             |
| <input type="checkbox"/> Other (Specify) _____ |  |

Please attach a brief description of your business or employment activities.

### SECTION III: REFERENCES

List references below.

| Name  | Occupation | Phone Number |
|-------|------------|--------------|
| _____ | _____      | _____        |
| _____ | _____      | _____        |

### SECTION IV: AUTHORIZATION

*I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.*

|                                       |  |      |
|---------------------------------------|--|------|
| Print or type name of Course Provider | Signature of Authorized Representative | Date |
|---------------------------------------|--|------|

Note: Approved Course Providers will be issued a Course Provider ID number which is valid for a period of 4 years from the date of issuance.

**For Office Use Only:** Date Received: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Reviewed By: \_\_\_\_\_