

**APPLICATION FOR A WATER WELL CONTRACTOR'S LICENSE**

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
7601 US HIGHWAY 301 NORTH  
TAMPA, FL 33637-6759

A. TYPE OR PRINT using black ink and mail this completed Water Well Contractor Application, with the application fee and supporting documentation to Southwest Florida Water Management District, attention Well Construction Section, Water Use Permit Bureau at 7601 US Highway 301 North, Tampa, Florida 33637-6759.

1. Name of person to be licensed: \_\_\_\_\_
2. Name of business firm or corporation affiliation: \_\_\_\_\_
3. Business address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.:(\_\_\_\_) \_\_\_\_\_  
Cellular Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
4. Home address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License No. \_\_\_\_\_

B. Enclose a check or money order payable for \$150 (**non-refundable**) application fee payable to the Southwest Florida Water Management District. **PLEASE DO NOT SEND CASH.**

C. Enclosed with the completed application is a letter from a water well contractor and a letter from a water well inspector employed by a governmental agency providing evidence of the length of time the applicant has been engaged in the business of construction, repair, or abandonment of water wells as a major activity.

D. The applicant must demonstrate compliance with the minimum requirements for licensure.

1. Applications for licensing as a water well contractor will be accepted from any person who is at least 18 years of age and has knowledge of the rules adopted by the Department of Environmental Protection and the Southwest Florida Water Management District concerning the regulation of water wells. The applicant shall demonstrate this knowledge by achieving a score of at least 70% correct on the Contractor's Examination administered by the District.
2. The applicant must have not less than **two** (2) years of experience in constructing, repairing, or abandoning wells. Satisfactory proof of two years of experience in the water well construction business shall be demonstrated by providing the following information: A list of ten (10) water wells, together with their location, major use and approximate depth and diameter that the applicant personally constructed, repaired or abandoned within the preceding five (5) years. This list shall also include the name and address of the owner or owners of each well and the approximate date the construction of each well was completed. Use the attached form to list the ten wells.
3. The applicant must have completed a minimum of 12 approved coursework hours. A minimum of six approved coursework hours must be related to water well construction practices and applicable water well construction rules.

E. Examinations shall be given by the District and will be scheduled by the District as demand and resources allow.

Please schedule me for an examination upon determining that my application is complete. I understand that a license shall not be issued until I have passed the required examination with a score of at least 70% correct. I acknowledge that the examination must be passed within 12 months after I have become eligible to take the exam and that I have three opportunities to take and pass the examination, or I must reapply and pay the fee again. I understand and acknowledge my responsibilities under applicable rules and statutes relating to the licensing and construction of water wells including the Water Well Construction Disciplinary Guidelines and Citations Dictionary (6-22-14) incorporated by reference in 40D-3.037(1), Florida Administrative Code.

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Applicant Signature

Date

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**FOR DISTRICT USE ONLY**

APPLICATION COMPLETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INITIALS

LIST OF WELLS COMPLETE AND SATISFACTORY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INITIALS

APPLICANT NOTIFIED OF EXAMINATION DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INITIALS

APPLICANT FAILED EXAMINATION AND NOTIFIED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INITIALS

APPLICANT PASSED EXAMINATION AND NOTIFIED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INITIALS

**LIST OF TEN WELLS CONSTRUCTED, REPAIRED OR ABANDONED  
WITHIN THE PRECEDING 5 YEARS**

	Well Owner Name/Address	Well Location Address	Well Use	Well Diam.	Well Depth	Completion Date	Permit Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							