

APPLICATION FORM
Canadian Ground Water Association Certification

GROUNDWATER DRILLING TECHNICIAN*
GROUNDWATER PUMP TECHNICIAN CLASS 2 *
GROUNDWATER PUMP TECHNICIAN CLASS 1*

PERSONAL NAME: _____

ADDRESS: _____

Phone: _____ Fax: _____ E-mail: _____

COMPANY NAME: _____

ADDRESS: _____

Phone: _____ Fax: _____ E-mail: _____

MEMBER OF PROVINCIAL GROUND WATER/WATER WELL ASSOCIATION:

YES ____ NO ____

IF YOU ARE A MEMBER INDICATE WHICH PROVINCE: _____

IF A MEMBER PLEASE PROVIDE PROOF OF MEMBERSHIP:

(photocopy only - do not send original documents)

JOURNEYMAN: YES ____ NO ____

IF YOU ARE A JOURNEYMAN INDICATE WHICH TRADE:

WATERWELL DRILLER ____ PLUMBER ____ ELECTRICIAN ____

IF YOU ARE A JOURNEYMAN PLEASE SUPPLY YOUR JOURNEYMAN CERTIFICATE #:

PROOF OF TRADE TIME/EXPERIENCE (2 years minimum) (please attach)

AFFIDAVIT: _____ STATUTORY DECLARATION: _____ LETTER FROM REGULATORY AGENCY: _____

PAYMENT OF FEES:

MEMBER: \$ 25.00 _____

NON-MEMBER: \$100.00 _____