

**HEADWATERS GROUNDWATER CONSERVATION DISTRICT
DRILLER AND/OR PUMP INSTALLER
DISTRICT REGISTRATION FORM**

Driller/Pump Installer Name: _____
(Please print)

Address: _____

Daytime Phone: _____ Mobile Phone: _____

Pager Number: _____

State License Number: _____ (Please attach copy of current
Driller/Pump Installer License.)

Company Affiliated With:

Address: _____

Company Phone: _____ Fax Number: _____

I hereby certify and acknowledge that the information contained herein is true and correct to the best of my knowledge and belief. I further acknowledge that I have received, read, understand and agree to abide by the current Rules and Regulations established by Headwaters Groundwater Conservation District.

Driller/Pump Installer Signature

Driller/Pump Installer Printed Name

(For District Use Only)

Copy of Headwaters Groundwater Conservation District's current Rules and Regulations were:

_____ Provided Driller/Pump Installer at time of Certification.

_____ Mailed to Driller/Pump Installer with request for *Certification Form* on _____.
(Date Mailed)

NOT VALID WITHOUT DISTRICT OFFICIAL SIGNATURE AND HGCD SEAL AFFIXED.

Executed this _____ day of _____, 20__

District Certification Issued by: _____ (District Official)