

# MONTANA WELL DRILLER CONTINUING EDUCATION PROVIDER/COURSE APPROVAL FORM

## PROVIDER (BUSINESS) INFORMATION

PROVIDER NAME: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PROVIDER REPRESENTATIVE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DAYTIME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## CONTINUING EDUCATION INFORMATION

COURSE

TITLE: \_\_\_\_\_  
(AS IT WILL APPEAR ON ADVERTISEMENTS, CLASS MATERIALS AND CERTIFICATE OF COMPLETION)

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE COURSE AND HOW IT PERTAINS TO WELL DRILLING  
(ATTACH A COPY OF THE COURSE CURRICULUM SHOWING THE ACTUAL NUMBER OF HOURS OF  
TRAINING)

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ANTICIPATED STARTING DATE AND DURATION OF COURSE: \_\_\_\_\_

WHAT TYPE OF DOCUMENTATION OF COMPLETION WILL BE PROVIDED TO THE DRILLER? \_\_\_\_\_

(e.g., diploma, certificate, transcript, etc.)

## INSTRUCTOR INFORMATION

INSTRUCTOR QUALIFICATIONS (LIST EDUCATION, TRAINING OR EXPERIENCE THAT  
REFLECT THE QUALIFICATION NECESSARY TO TEACH THIS COURSE)

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**Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

NOTE: Please return completed form to Montana Board of Water Well Contractors, ATTN: Thomas Palin at PO BOX 201601, Helena, MT 59620 or fax to 406-444-0533. Please contact Thomas Palin at 406-444-6643 with questions. Please keep a copy of this form for your records.