

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)

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)

Representative Signature _____ **Date** _____

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