



REQUEST FOR APPROVAL OF TRAINING PROGRAM

Request for approval of a training program for licensees required to obtain continuing education contact hours credit as a requirement for renewal of licenses.

- a. Fill out each numbered section completely.
- b. Please print legibly.
- c. Submit 60 days prior to presentation of course to:

DNREC – Water Supply Section
Licensing Program Coordinator
89 Kings Highway
Dover, DE 19901

- 1. Program Title: _____
- 2. Name of Sponsoring Agency: _____
- 3. Mailing Address: _____
City: _____ State: _____ Zip: _____
- 4. Program Location: _____
- 5. Date(s) and Time(s) of Program: _____
- 6. Number of Attendees Expected: _____
- 7. Instructor Name: _____ Phone: _____
- 8. Instructor's Qualifications: _____

- 9. Describe educational benefits to be derived from program or course:

- 10. Contact person: _____ Phone: _____
- 11. Contact Email Address: _____
- 12. Signature: _____ Date: _____
- 13. Please attach a copy of the training program agenda or course syllabus to this application.

****NOTE: Each licensee is responsible for establishing proof of attendance.****

OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Recommendation of
Water Well Licensing Board:

Approve: _____

Disapprove: _____

Date reviewed: ____/____/____

Signature

ACTION BY DNREC

Approve: _____ # points: _____

Disapprove: _____

Date reviewed: ____/____/____

Signature