

Form EW-125D  
(4/08)  
DHHR

COMPLETE AND RETURN TO:  
OEHS – EED  
Certification & Training Unit  
Capitol & Washington Streets  
1 Davis Square, Suite 200  
Charleston, West Virginia 25301-1798  
Phone 304-558-2981 Fax 558-4322

**Application for Well Driller/Pump Installer  
Certification Duplicate**

Please type or print legibly. **COMPLETE ALL BLANKS.** Use your full legal name. Indicate N/A if not applicable to you. **Ensure application is signed.** Incomplete applications will be returned.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (mm/dd/yyyy)  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
HOME EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
BUSINESS COUNTY: \_\_\_\_\_

**Circle below and provide proof of highest education completed:**

6    7    8    9    10    11    12    GED    13    14    15    16+

**Mark below the duplicate certification(s) being requested:**

\_\_\_\_ Journeyman Well Driller,    \_\_\_\_ Master Well Driller,    \_\_\_\_ Pump Installer

Certification Number(s): \_\_\_\_\_

Note: There is a \$2 fee for each duplicate certification.

**Total Amount Due:** \_\_\_\_\_ **Please enclose check or money order payable to WVBPH.**

**At the risk of revocation of my certification, I certify the above statements are accurate & complete.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_