



**APPLICATION FOR CONTINUING EDUCATION COURSE PROVIDER
FLORIDA WATER WELL CONTRACTOR CONTINUING EDUCATION PROGRAM**

Please mail or email the completed application to: **Florida Water Well Administrator**
Florida Water Well Contractor Continuing Education Program
Attn: Course Provider Approval
325 John Knox Rd Ste L103
Tallahassee, FL 32303
Email: info@flwwceu.org; Phone: 844-359-9238; Fax: 850-222-3019

The Administrator shall approve or deny all applications within fourteen (14) business days from receipt. Some or all of the information in this application may be posted on the Florida Water Well Contractor Continuing Education Program website: FLWWCEU.ORG.

SECTION I: COURSE PROVIDER CONTACT INFORMATION *(Please print or type)*

Name: _____
 Contact/Representative Name: _____
 Address: _____

 Work Phone: _____ Cell: _____ Fax: _____
 Email Address: _____

SECTION II: COURSE PROVIDER BUSINESS INFORMATION
(Please print or type)

Please indicate the type of your business or employment:

- Business/Corporation Trade or Business Association
 Government Agency Vocational School
 Other (Specify) _____

Please attach a brief description of your business or employment activities.

SECTION III: REFERENCES

List references below.

Name	Occupation	Phone Number
_____	_____	_____
_____	_____	_____

SECTION IV: AUTHORIZATION

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

_____ Print or type name of Course Provider Signature of Authorized Representative Date

Note: Approved Course Providers will be issued a Course Provider ID number which is valid for a period of 4 years from the date of issuance.

For Office Use Only: Date Received: _____ Approval Date: _____ Expiration Date: _____
 Provider Number: _____ Reviewed By: _____