

FOURTH SCHEDULE

(Regulations 3(1), 5(4), 18(1) and (2))
19(1) and (3), 30(1))

FORM E

(Regulation 19(1))

(To be completed in duplicate)

Application No. _____

THE WATER RESOURCES ACT
APPLICATION FOR WELL-DRILLER'S LICENCE

- 1. Name of Applicant _____
- 2. Address of Applicant _____

- 3. Date of birth _____
- 4. Educational background _____

- 5. Indicate specific training relevant to well-drilling _____

- 6. Indicate specific experience in well-drilling _____

- 7. Are you self-employed? _____
- 8. If not self-employed:
 Name of Employer _____
 Address of Employer _____
 How long employed by present Employer? _____
- 9. State names and addresses of two references _____

Note:

Completed forms must be accompanied by –

- (a) such documents or information as the Authority may require; and
- (b) the relevant fee

I hereby apply for a well-driller's licence pursuant to the Water Resources Act and declare that to the best of my knowledge the above particulars are true and correct.

I further declare that I am able to read and to make written reports on any well-drilling activity which I might undertake.

Signature of Applicant

Date

To be completed by the Secretary of the Authority

Indicate whether application granted or refused _____

Date of grant or refusal _____

If application refused, reason for refusal _____

Basil P. Fernandez
Secretary
Water Resources Authority

Date