



Water Resources Program

Well Construction Operators Trainee License Application

Failure to provide requested information and license fee may result in processing delays and/or denial of application.

Requirements:

1. Proof of Continuing Education Units. (e.g. training certificates, CPR/First Aid/AED).
2. Recent color photograph (photograph must meet photograph requirements – full front view of the face and 2x2 inches in size). See page 2 of this application for detailed information.

Submit application, licensing fee, and requirements to:

WA State Department of Ecology, Cashiering Office, PO Box 47611, Olympia, WA 98504-7611

You may only apply for one type of training license per application

- Water Well - \$75.00
 Resource Protection Well - \$75.00

Applicant

Last Name: _____ First Name: _____
 SSN (last 6 digits only): _____ Email: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Statement of Work Experience and Assumption of Liability

Applicant must have a minimum of 600 hours of drilling experience and six Continuing Education Units to qualify for a training license. Please list the applicant's well drilling experience for which you provide direct on-site supervision. If experience is gained under more than one licensed driller submit a separate application for each licensed driller.

Drilling Experience	FROM (month/year)	TO (month/year)
<input type="checkbox"/> Driller	____ - ____	____ - ____
<input type="checkbox"/> Helper	____ - ____	____ - ____
<input type="checkbox"/> Other (explain):	____ - ____	____ - ____

Drilling Company: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Licensed Driller

I do swear that the above named applicant has completed _____ hours of drilling experience under my direct supervision. I take full responsibility for all well construction activities of the applicant during the time he/she was under my direct supervision.

Printed Licensed Driller Name (First, Last): _____ License Number: _____
 Signature: _____ Date: _____

Statement of Sponsor

I agree to take full responsibility and assume total liability for any and all well construction activities of the applicant while working under my sponsorship as a trainee. I have read, understand, and agree to the terms of Chapter 173-162-0601(1).

Printed Name (First, Last): _____
 License Number (If sponsor is different from above): _____
 Signature: _____ Date: _____

Effective January 1, 2014, your photo is a required part of your Well Construction Operator License application. To learn more, review the information below on how to provide a suitable photo to avoid processing delays. The acceptance of your photo is always at the discretion of the Well Construction and Licensing Office. You have three options on how to submit your photo to our office:

1. Mail your photo in with your application renewal form.
2. Send an electronic photo in to us. If you choose this option, a copy of your state issued valid state driver license will also be required. Photo can be sent to the Well Construction & Licensing Office at: wclo@ecy.wa.gov
3. Call to schedule an appointment to come in to Ecology Headquarters in Olympia and we will take your picture for you.

Want to take the photo yourself?

Please review the following technical requirements and references for guidance on taking your own photo.

- Photos must not be digitally enhanced or altered to change your appearance in any way.
- Photo must be in color.
- Taken within the last 6 months to reflect your current appearance.
- Taken in front of a plain white or off-white background.
- Taken in full-face view directly facing the camera.
- Taken in clothing that you normally wear on a daily basis:
 - ✓ Do not wear a hat or head covering that obscures the hair or hairline. If a hat or head covering is worn daily for religious purposes, your full face must be visible and the head covering must not cast any shadows on your face.
 - ✓ Headphones, wireless hands-free devices or similar items are not acceptable in your photo.
 - ✓ If you normally wear prescription glasses, a hearing device or similar articles, they may be worn for your photo.
 - ✓ Dark glasses or non-prescription glasses with tinted lenses are not acceptable.

Photo Composition:

- Make sure the photo presents the full head from the top of the hair to the bottom of the chin.
- Center the head with the frame.
- The person in the photo should have a neutral expression and be facing the camera.

Camera Position:

- The camera should be placed at the eye level of the person being photographed and at least 4 feet away.
- Minimize the distance between the person being photographed and the background to reduce shadows on the background.
- Make sure to include the person's upper body and have space above the head in the viewfinder or screen display of your camera.
- Try to eliminate shadows that are caused by overhead lighting.
- Ensure the background is well lit, white or off-white, and free of patterns, objects, textures, etc.
- If you are setting up a proper area to take photos, then consider:
 - ✓ Positioning light sources on both sides of the person to avoid shadows on the face
 - ✓ Using a light source to illuminate the background behind the person to avoid shadows on the background
 - ✓ The background should be uniformly illuminated to remove any shadows or other lighting effects that would otherwise interfere with clearly discerning the facial outline on the background.

You may have to apply for a new license if you cannot be identified from your current photo or if, from the time of your last photo, you have:

- Undergone significant facial surgery or trauma.
- Added or removed numerous/large facial piercings or tattoos.
- Undergone a significant amount of weight loss or gain.
- Made a gender transition.