



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Planning & Natural Resources
Division of Environmental Protection
45 Mars Hill
Frederiksted, St. Croix, U.S.V.I. 00840-4474

APPLICATION FOR WELL DRILLER'S LICENSE

Phone: (340) 773-1082
Fax: (340) 773-9310
(340) 692-9794

In accordance with the provision of Title 12, Chapter 5, Section 157, V.I. Code (as amended 11/28/87). I hereby apply for a Well Driller's License and enclose herewith check/cash in the amount of Twenty-five Dollars (\$25.00) in payment of license fee. (If Check, please make payable to the Government of the Virgin Islands).

The following information is furnished in support of this application:

FULL NAME.....
DATE OF BIRTH.....
PLACE OF BIRTH.....
CITIZEN OF.....
RESIDENT OF.....
HOME ADDRESS.....
MAILING ADDRESS.....
BUSINESS ADDRESS.....
PRESENT TYPE OF BUSINESS ACTIVITY, IF ANY.....
.....
.....

EDUCATION: () 12TH GRADE () COLLEGE - DEGREE.....
LIST PROFESSIONAL OR TECHNICAL EXPERIENCE DURING LAST FIVE YEARS
(LATEST FIRST): INCLUDE ANY SPECIFIC EXPERIENCE IN WELL DRILLING.

Employer's name of Business	Type of Classification	Position	Period
1.			
2.			
3.			

REMARKS (IF ANY) CONCERNING PROFESSIONAL OR TECHNICAL EXPERIENCE:.....
.....

CHARACTER REFERENCES

Name.....

Address.....

Name.....

Address.....

PROFESSIONAL REFERENCES

(Other than relative of applicant)

Name.....

Address.....

Name.....

Address.....

Signature of Applicant

Territory of the Virgin Islands
Municipality of:

Subscribed and sworn to before me this.....day of....., 199.....

Notary Public

FOR DEPARTMENT USE ONLY:

() APPROVED

() DISAPPROVED

If Disapproved, give reason.....

Business License Current: () YES () NO

Date

Signature

Well Drilling License Number (if approved):_____