



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

Please mail or email the completed application to the address below. The Administrator shall approve or deny all applications for Course Provider 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

Florida Water Well Administrator
Florida Water Well Contractor Continuing Education Program
Attn: Coursework Approval
325 John Knox Rd Ste L103
Tallahassee, FL 32303
Email: info@flwwceu.org; Phone (850) 205-5641; Fax (850) 222-3019

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

Provider Name:
Provider Contact/Representative Name:
Provider Address:
Provider Contact Number: Work: Cell: Fax:
Provider 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. (Please print or type)

Table with 3 columns: Name, Occupation, Telephone. Contains two rows of reference information.

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 and is valid for a period of 4 years from the date of issuance.

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