

Empire State Water Well Drillers Association, Inc.

900 N. James Street
Rome, NY 13440

Empire State Water Well Drillers Association Accredited Well Driller/Pump Installer Program Affidavit

I, (print name) _____, verify I properly maintain the licenses and/or registrations necessary to qualify for legal operation in the State of New York.

I hereby verify that during the past twelve (12) months:

(Check all applicable boxed)

- I have found to be in violation of governmentally authorized well construction or pump installation codes or regulations but hereby request that ESWWDA review my case prior to suspension or revocation of my Accreditation in ESWWDA Accreditation Program.
- I am or may currently be the subject of a civil or criminal legal action as a result of professional activities relating to well construction or pump installation. I am attaching relevant documentation and explanation.
- I have **NOT** been found in violation of ant governmentally authorized well construction or pump installation codes or regulations and I am **NOT** currently the subject of a civil or criminal legal action as a result of professional activities relating to well construction or pump installation.

Signature

Date

NYRWD# _____

ESWWDA AWDPI# _____

Return completed form with CEP's and Membership Dues to ESWWDA.