

## IOWA DEPARTMENT OF NATURAL RESOURCES RENEWAL APPLICATION FOR GROUNDWATER PROFESSIONAL CERTIFICATION

**CASHIER'S USE ONLY** 

0253-542-GP08-0581 Applicant Name Groundwater Cert #

<b>APPLICANT INFORMATION:</b> (Please Print Clearly)			
Applicant Name:	IA Groundw	vater Certification #:	
Home Mailing Address:			
City:	State:	Zip:	
Home Phone Number:	Email:		
Company Name:			
Company Mailing Address:			
City:	State:	Zip:	
Company Phone Number:	Email:		
CONTINUING EDUCATION REQUIREMENTS: Twelve (12) hours of approved continuing education (during odd numbered years). Please list below and for the renewal period. Provide the name of the continuing education certificates the control of the control	y continuing education cou ourse, the institution where e must be attached to this f	rses you have completed that may be applicable you received the course and the number of form.	ļ
Course Name & Date Completed	Institution	Hours	
RENEWAL FEE: A non-refundable, \$200 renewal fee must accompand to complete drenewal application, with required supplication. To pay via check, please send the complete of UST Licensing lowa Department of Natural Resources of Park Ave Ste 200 Des Moines IA 50321	porting documentation to unleted renewal application, r	ustlicensing@dnr.iowa.gov, and request to pay	
Renewal applications must be submitted (postmar	ked) by December 1 to ens	ure your certification does not lapse.	
SIGNATURE CERTIFYING INFORMATION			
I certify that the information on this renewal applicat the certification and civil and criminal penalties.	ion is true. I understand that	t any misrepresentation can result in revocation of	
Signature		Date	