



**County of Ventura
Public Works Agency
Water Resources & Engineering
Department**

800 South Victoria Avenue, Ventura, California, 93009-1600 Phone: (805) 654-2088

Water Well Inspector Registration Form

INSPECTOR NAME _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

PHONE (____) _____ FAX (____) _____ E-MAIL _____

STATE OF CALIFORNIA LICENSE

STATE LICENSE NO. _____ LICENSE EXPIRATION DATE _____

Registered Civil Engineer (RCE) _____ Registered Geologist (RG) _____

WORKER'S COMPENSATION INSURANCE

CARRIER NAME _____

CARRIER ADDRESS _____

INSURANCE EXPIRATION DATE _____

QUALIFYING EXPERIENCE (Provide brief description of experience, which qualifies you to inspect well drilling and sealing work. Attach additional sheets if necessary.)

CERTIFICATION

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE. I ALSO CERTIFY THAT I HAVE REVIEWED VENTURA COUNTY ORDINANCE NO. 4184 AND AGREE TO COMPLY WITH THE PROVISIONS CONTAINED THEREIN AND ANY OTHER STATE AND LOCAL REGULATIONS PERTAINING TO THE DRILLING OF WATER WELLS.

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ DATE _____