



Good Life. Great Resources.

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Water Well Standards Program
 245 Fallbrook Blvd., Ste 100
 Lincoln, NE 68521
 DWEE.WaterwellStandards@nebraska.gov
 (402) 471-0546/ fax: (402) 471-2909

LATE RENEWAL APPLICATION FOR LICENSE

****Renewals that are received after midnight December 31st on even years, will be required to complete the late renewal application, and will be assessed a late fee of \$200 + the renewal fee due. Any license that has expired over 60 days will require the licensee to pay an initial fee of \$400 + \$200 late renewal fee, retest and pass all exams needed to renew their license. ****

- Late Renewals cannot be done on the credentialing portal.
- Licensee must submit proof of 12 hours of **board approved** continuing education *obtained within the renewal cycle*.
- **CONTRACTORS ONLY: INSURANCE**: All contractors must provide current proof of public liability and property damage insurance (**Certificate of Commercial Liability Insurance (COI)**) in the amount of at least **\$100,000**.
- **EXPIRED LICENSE UNDER 60 DAYS** Payment of **\$200 late fee + the license category renewal fee due** (check or money order payable to the Department of Water, Energy and Environment (DWEE)) do not send cash.
- **EXPIRED LICENSE OVER 60 DAYS**: If your license has expired over 60 calendar days, or within current renewal cycle, you must pay an initial fee of **\$400 + \$200 late renewal fee, retest and pass all exams needed to renew license**. Continuing education hours cannot be substituted. A License will be issued after passing all exams.

SECTION A – License Category				
X Mark below the license you are renewing				
Expired License UNDER 60 days		Renewal	Penalty	Total Due
Water Well Contractor	<input type="checkbox"/>	\$300	\$200	\$500
Pump Installation Contractor	<input type="checkbox"/>	\$300	\$200	\$500
Combination of Water Well and Pump Installation Contractor	<input type="checkbox"/>	\$400	\$200	\$600
Water Well Drilling Supervisor	<input type="checkbox"/>	\$200	\$200	\$400
Pump Installation Supervisor	<input type="checkbox"/>	\$200	\$200	\$400
Combination of Water Well and Pump Installation Supervisor	<input type="checkbox"/>	\$300	\$200	\$500
Water Well Monitoring Technician	<input type="checkbox"/>	\$200	\$200	\$400
Water Well Contractor and Water Well Monitoring Technician	<input type="checkbox"/>	\$300	\$200	\$500
Water Well Supervisor and Water Well Monitoring Technician	<input type="checkbox"/>	\$250	\$200	\$450
Natural Resources Groundwater Technician	<input type="checkbox"/>	\$200	\$200	\$400
Expired License OVER 60 days-Exams required	<input type="checkbox"/>	\$400	\$200	Exams+\$600

SECTION B -Personal Information				
1.	License #			
2.	Legal Name:	First:	Middle/MI:	Last:
3.	Residence Address:	Street/PO/Route:		
		City:	State:	Zip:
4.	E-mail Address:	Phone:		

SECTION D-Examination Registration (required after 60-day expiration)

Exam type (check all that apply)

- Section I, the Nebraska
- Section II, the Water Well Monitoring
- Section III, the specialized categories
 - General Drilling
 - Pump Installation
- Section IV of the examination, Natural Resources Ground Water Technician

Exam Location (check only one)

- Grand Island
- Lincoln
- Norfolk
- North Platte
- Scottsbluff

Scheduled exams and study material can be found on our webpage: <https://dwee.nebraska.gov/groundwater-drinking-water/groundwater/water-well-standards-and-contractors-licensing-program>

SECTION E – ATTESTATION

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows: _____ I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

Print Name: _____
(First, middle, last)

Signature: _____

Date: _____

SECTION F –Amount Enclosed: