



Good Life. Great Resources.

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

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WATER WELL STANDARDS AND CONTRACTORS' LICENSING BOARD
CEU Proctor Nomination Form

Name of Organization: _____

Address: _____

(Street/PO Box, City, State Zip)

Name of Proctor: _____

Email Address of Proctor: _____

Position with the Organization: _____

Length of Time with Organization: _____

Qualifications (i.e. Professional Licenses held): _____

Planned Length of Service as a Proctor: _____

Method to Verify Attendance: _____

(Proctor's Signature)