

NGWA Certification Agreement



The certified person¹ agrees to provide written notification² to NGWA within 30 days of being convicted in a civil or criminal legal action as a result of professional activities relating to well construction or pump installation. Certified person agrees to provide NGWA with the relevant documentation and explanation. Certified person agrees to notify NGWA if convicted for being in violation of governmentally authorized well construction or pump codes or regulations. NGWA may or may not suspend or revoke certification for a period determined based upon the severity of the violation(s). Suspension or revocation of certification will be determined on an individual case basis and suspension or revocation of certification for this cause may be appealed by completing the NGWA Certification Suspension or Revocation Appeal form within 30 days of the suspension or revocation date.

The certified person agrees to meet all requirements for continuing education and report the details of continuing education points to NGWA on the form provided by NGWA no later than December 31 of each calendar year to be eligible for renewal of certification. Failure to either meet the continuing education requirements or report continuing education points by the deadline will result in suspension of certification up to a period of one year. Suspension of certification for this cause can be remedied by reporting of continuing education points within 12 months of the date of suspension in addition to full payment of fees for certification and reinstatement. Unless all certification renewal requirements are met within 12 months from the date of suspension, certification will be revoked.

The certified person agrees to pay annual fees prescribed by NGWA no later than December 31 of each calendar year to be eligible for renewal of certification. Failure to pay applicable fees by the deadline will result in immediate suspension of certification. Suspension of certification for this cause can be remedied by full payment of applicable certification renewal fees in addition to reinstatement fees within a period of 12 months from the date of suspension. Unless all certification renewal requirements are met within 12 months from the date of suspension, certification will be revoked.

The certified person understands that upon revocation of certification for any reason, individuals will not be eligible for certification by NGWA for a period of one year. Individuals seeking to be certified following revocation must meet all certification requirements including passing the applicable certification exams.

Return completed form to NGWA.

Certified person's name printed _____

Certified person's signature _____ Date _____

NGWA representative's name printed _____

NGWA representative's signature _____ Date _____

¹Certified person: A person certified under the Voluntary Certification Program of NGWA as a Certified Well Driller, a Certified Pump Installer, a Certified Well Driller/Pump Installer, or a Master Groundwater Contractor, who, as a condition of that certification, is required to complete and personally sign this agreement as a requirement for initial certification or recertification.

²Written notification: Notification accomplished by regular U.S. mail, electronic mail, or facsimile. NGWA will acknowledge receipt of any and all such notifications within five business days.



Address 601 Dempsey Road, Westerville, Ohio 43081-8978 U.S.A.
Phone 800 551.7379 • 614 898.7791 **Fax** 614 898.7786
Email ngwa@ngwa.org **Websites** NGWA.org and WellOwner.org

NGWA 2018 Contractor Affidavit



I, (print name) _____, verify I properly maintain the licenses and/or registrations necessary to qualify for legal operation in the states in which I conduct business.

I understand that in cases where proceedings involving alleged violations of governmentally authorized construction codes are pending final decision, NGWA will not conduct decertification review until the final decision is made by the appropriate government agency(ies).

I hereby verify that during the past 12 months:

(Check all applicable boxes:)

- I have been found to be in violation of governmentally authorized well construction or pump installation codes or regulations but hereby request that NGWA review my individual case prior to suspension or revocation of my certification.
- 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 and I am attaching the relevant documentation and explanation.
- I have NOT been found in violation of any 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.

Signature

Date

NGWA certification/member ID#

Return completed form to NGWA.



Address 601 Dempsey Road, Westerville, Ohio 43081-8978 U.S.A.
Phone (800) 551-7379 • (614) 898-7791 **Fax** (614) 898-7786
Email ngwa@ngwa.org **Websites** NGWA.org and WellOwner.org

NGWA Contractor Certification Candidate Reference Form



Each candidate must submit a reference statement signed by two (2) professional contacts that are not affiliated with your current company and have worked and/or are currently working in the groundwater industry, who can attest to your personal knowledge and experience. Please complete the top portion of this form. After the two references have completed the lower portion, please submit this form to NGWA.

Candidate name _____
Last First M.I.

Company _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Phone number _____ Email address _____

Reference statement

I attest that the above-named candidate is at least 20 years old and has had at least 24 months of full-time water well drilling, geothermal drilling, or pump installation experience.

Reference #1

Referral signature _____

Referral name _____
Last First M.I.

Company _____

City _____ State/Province _____

Zip/Postal code _____ Country _____

Phone number _____ Email address _____

Reference #2

Referral signature _____

Referral name _____
Last First M.I.

Company _____

City _____ State/Province _____

Zip/Postal code _____ Country _____

Phone number _____ Email address _____



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