



NGWA VOLUNTARY CERTIFICATION RENEWAL APPLICATION

Thank you for your continued support of the [NGWA Voluntary Certification Program](#). Please read and complete each section fully and accurately in clear, legible handwriting or type. All qualifying continuing education must be completed at the time the application is submitted and be within the renewal period. The completed application with payment must be received in the NGWA office by the designated renewal deadline.

Renew online at <https://my.ngwa.org/mycertification>

Or, initial each page and mail, fax, or email a PDF of your completed application to:

Mail: NGWA
601 Dempsey Road, Westerville, OH 43081

Fax: (614) 898-7786

Email: Certification@NGWA.org

There is no membership requirement to renew the NGWA Voluntary Certification Program, and NGWA members and nonmembers will be evaluated equally on the renewal application. Members receive a discount on Certification renewal fees. Additional information on program requirements, policies, and procedures is available at [NGWA.org/Certification](#). For further assistance, contact NGWA staff at (614) 898-7791 or Certification@NGWA.org.

If you would like to change your status to **Retired, Medical, or Military leave**, please contact NGWA or go to [NGWA.org/Certification](#) to locate the appropriate forms.

RENEWAL CHECKLIST

Please be sure to complete all four sections of this application.

- Section 1. Renewal Applicant Information:** I have completed all renewal applicant information and noted where I would like NGWA mailed correspondence sent.
- Section 2. Payment:** I have included payment information with this application.
- Section 3. NGWA Contractor Affidavit:** I verify that I properly maintain the licenses and/or registrations necessary to qualify for legal operation in the states in which I conduct business.
- Section 4. Continuing Education Points:** I have completed at least 7 hours of qualifying professional development.

SECTION 1

RENEWAL APPLICANT INFORMATION

(Please check which address you would like to be used for mailed correspondence.)

Please notify NGWA staff of any changes in your contact information. It is important to keep an updated address on file with the NGWA Voluntary Certification Program to ensure you receive important credential information.

Mr. Mrs. Ms. Dr. Name (**REQUIRED**): _____

NGWA Member ID# (Optional): _____

Title of present position: _____

Organization: _____

Email: _____

Billing address: _____

City/State/Zip: _____

Business telephone: _____

Shipping Address: _____

City/State/Zip: _____

Home telephone: _____ Personal email: _____

SECTION 2

PAYMENT

All fees must accompany the application. The renewal fee is \$50 for members and \$125 for nonmembers, due by December 31 of your expiration year. A late fee of \$50 will be assessed to any renewal application received after December 31 of your expiration year.

Please note: NGWA Membership and Certification are maintained separately. If you are unsure of your membership status, please contact us at (800) 551-7379 or visit <https://my.ngwa.org>.

MGWC Renewal Fees—Received at NGWA by December 31

\$50—NGWA Member \$125—Nonmember

MGWC Late Renewal Fees—Received at NGWA after December 31

\$100—NGWA Member \$175—Nonmember

FEES: GRAND TOTAL (U.S. FUNDS) \$ _____

METHOD OF PAYMENT:

Check or money order (payable to NGWA), check # _____

Charge: MasterCard Visa American Express Discover Company card? Yes No

Card # _____ CSC code _____ Expiration date _____

Printed name _____ Signature _____

Please initial each page before submitting completed application.



SECTION 3

CONTRACTOR AFFIDAVIT

I verify that 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.

Applicant Signature: _____ Date: _____

SECTION 4

PROFESSIONAL DEVELOPMENT

Continuing Education Points (CEPs) must be earned in the year certification would expire. For example, if expiring 12/31/2018, CEPs must be earned during the 2018 year. Return completed form to NGWA. Make copies of this form if more space is needed. See CEP qualifications at www.NGWA.org/CEPs.

You can check on how may CEPs have already been submitted by visiting <https://my.ngwa.org/mycertification>.

Detailed Listing of Professional Development Activities:

Event: _____

Sponsoring organization: _____

Date(s): _____ Number of points: _____

Presenter(s): _____

Topic: _____

Please initial each page before submitting completed application.



Detailed Listing of Professional Development Activities (continued):

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

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Detailed Listing of Professional Development Activities (continued):

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

Event: _____
Sponsoring organization: _____
Date(s): _____ Number of points: _____
Presenter(s): _____
Topic: _____

