

Water Well Standards and Contractors' Licensing Board

CEU Proctor Nomination Form

Name of Organization: _____

Address: _____

City _____ State _____ Zip _____

Name 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:

Further affiant saith not. _____
(Proctor's Signature)

Sworn to and subscribed before me on the _____ day of _____, 20__

Seal

Notary Public