



South Carolina Department of Labor, Licensing and Regulation
South Carolina Environmental Certification Board

P.O. Box 11409 • Columbia, SC 29211
 Phone: 803-896-4430 • Fax: 803-896-9651
www.llr.state.sc.us/POL/Environmental



2018-2019 Annual Well Driller Renewal Application

For Board Use Only
Check # _____
Amount: _____

RENEWAL INSTRUCTIONS:

- You must return this original form with all the questions answered and an original signature affixed to the address listed above. Your renewal will be returned to you should it not be completed correctly.
- Submit a check or money order only in the amount of **\$50** made payable to **SCECB**. Fee is non-refundable. **NO CASH IS ACCEPTED.** A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

PLEASE NOTE:

- Your certification expires on **June 30, 2018**. Annual renewal application and fee must be postmarked by the Post Office on or before **June 30, 2018**. License is lapsed after **June 30, 2018**, and there will be a \$200 penalty in addition to the **\$50** renewal fee.
- NO RENEWALS WILL BE ACCEPTED AFTER June 30, 2019. NO LATE NOTICES WILL BE MAILED.**
- You are required by law to report any change of address, employment or name to the Board.

Full Name: _____ License Number: _____

Check which address you would like to use for **mailing address purposes** Home Address or Business Address.

Home Address: _____
 (Street, City, State & Zip)

Email: _____ Phone: (_____) _____

Business Address: _____
 (Street, City, State & Zip)

Business Phone: (_____) _____ Fax: (_____) _____

CONTINUING EDUCATION

You must obtain twelve (12) hours of continuing education (CE's) between July 1, 2017 - June 30, 2019. You must be able to show written proof of the continuing education hours you received during the two year renewal period July 1, 2017 through June 30, 2019. Do not submit any CE documentation to the Board's office. The Board will not maintain copies of your CE documentation. A random audit will be conducted at the end of the 2019 renewal period requiring proof of CE compliance. *****LICENSES RENEWED AFTER JUNE 30, 2018, MUST INCLUDE WRITTEN DOCUMENTATION OF CE COMPLIANCE BETWEEN JULY 1, 2015 – JUNE 30, 2017**

1. Have you met the CE requirements for 07/01/2015 through 06/30/2017? Yes No

PERSONAL HISTORY

1. Has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No
 If "YES", you must attach documentation with an explanation of the changes in your eligibility.
2. Since you last registered with this Board, Have you been convicted of or pled guilty to a felony of any kind or to a non-felony crime involving fraud, drugs, moral turpitude or environmental law? Yes No
 If "YES", you must attach a criminal background check from your state of residence (i.e., SLED, etc.) and a written explanation.

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature _____

Date _____

South Carolina Law requires the agency collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.



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Continuing Education Report Form

DATES	DESCRIPTION/TITLE	INSTRUCTOR	LOCATION	HOURS
TOTAL				

I certify that I have participated in the above-listed continuing education activities and the attached documentation is a true and accurate record of credits earned during the current reporting period.

Print Name: _____ License Number: _____

Signature: _____ Date Signed: _____

Phone number: _____