Certified Class Roster
Continuing Education for Oregon Licensed Well Constructors

Course Information: # of approved credit(s): _____

Course Title: _____

Name of Conference or Event (if course is part of a larger event): _____

_____

Class Date: _____ City: _____ State: _____

Sponsor: _____

Contact Person and Phone No.: _____

Sponsor Certification:

I certify that the individuals listed below have completed this course:

Sponsor Representative Signature: _____

Print Name: _____ Date: _____

Print clearly. Please make copies of back page if more space is needed.

Oregon License No.	Well Constructor's Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name

Course Title:_____ Date: _____

Oregon License No.	**Well Constructor's Name**
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name
	Signature Print Name

Note: Submit completed roster to Oregon Water Resources Dept., Attn: Buffy Madrigal-Adams 725 Summer Street NE, Suite "A", Salem, OR 97301-1266 within 30 days of completion of course. Questions? Contact Buffy at 971-287-8305.

Revised 3/2021