



Monitoring Well Inspector Registration Form

Inspector Information

Company Name:		Address:	
City:		State:	
Zip code:		Phone:	
Fax:		Email:	

California Contractor's License

License Type:	☐ Registered Civil Engineer (RCE) ☐ Professional Geologist
State License Number:	
License Expiration Date:	

Worker's Compensation Insurance

Carrier Name:	
Carrier Mailing Address:	
Insurance Expiration Date:	

Qualifying Experience

Provide a brief description of experience which qualifies you to inspect well drilling and sealing work. Attach additional sheets if necessary.

Certification

I certify to the best of my knowledge that the information provided above is true and accurate. I also certify that I have reviewed Ventura County Ordinance No. 4468 and agree to comply with the provisions contained therein and any other state and local regulations pertaining to the drilling of wells.

Name of Applicant:	Signature of Applicant:	Date: