

WAKE COUNTY

APPLICATION FOR PUMP INSTALLER REGISTRATION

Business Name:_____

Business Owner's Name:_____

Business Address:_____

Business Phone:_____ Mobile:_____

Fax: _____ email address:_____

SP-WP Limited electrical license number_____

Personnel Authorized to Install Pumps

NAME (Unless using plumber's exemption)	Certification #	Phone #	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify by my signature below that the individuals listed above are aware of and understand the requirements of the Regulations Governing Well Construction and Groundwater Protection in Wake County .

(Owner's Signature)

(Date)