



**Water Well Standards Advisory Council**

**Georgia Environmental Protection Division  
(Agent for Council)**

531 Main St., Suite D  
Tifton, Georgia 31794  
229-391-2400

**Request to Transfer (choose one):**

- Water Well Contractor’s License Number       Pump Contractor’s Certificate Number

**Applicant’s Contact Information**

Requestor’s Name:

\_\_\_\_\_

First	Middle	Last	(Suffix Jr, II, etc.)
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Company: \_\_\_\_\_

Affiliation to Company:  Owner       Partner       Officer       Full-Time Employee

Business Address: \_\_\_\_\_

Street	City	State	Zip
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Mailing Address: \_\_\_\_\_

Street	City	State	Zip
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Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mobile (optional)	Business
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E-mail: \_\_\_\_\_

License or Certificate Number Requested: \_\_\_\_\_

Name of the Person the License or Certificate Number is Currently Assigned to:

\_\_\_\_\_

First	Middle	Last	(Suffix Jr, II, etc.)
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Company of the Person the License or Certificate Number is Currently Assigned to:

\_\_\_\_\_

**Please provide the Reason for Request on the following page.**

**Reason for Request**

**Describe the Reason for Your Request:**

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**Affidavit of Relinquishment of License or Certificate Number**

If the person possessing the license or certificate number to be transferred is still living, complete the affidavit on the following page.

**Affidavit of Deceased**

If the person possessing the license or certificate number to be transferred is deceased, please provide evidence of their passing. An example of this would be a copy of the deceased’s obituary.

**Application Submission**

Please submit this request to:

**GA EPD  
531 Main St., Suite D  
Tifton, GA 31794**

The Georgia Environmental Protection Division will forward this request to the Water Well Standards Advisory Council for consideration at the next scheduled meeting. Information about Council meetings can be found at: <https://epd.georgia.gov/watershed-protection-branch/water-well-standards>.

If you have any questions, please email our office at [ag.permits@dnr.ga.gov](mailto:ag.permits@dnr.ga.gov) or call our office at (229) 391-2400.

**Relinquishment of License or Certificate**

**Describe the Reason for Relinquishment of Your License or Certificate Number:**

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**Affidavit**

State of \_\_\_\_\_

County of \_\_\_\_\_

To the best of my knowledge and belief, the information I have provided in this statement is true in substance and effect and is made in good faith.

\_\_\_\_\_  
Printed or Typed Name of Person Relinquishing License or Certificate Number

\_\_\_\_\_  
Signature of Person Relinquishing License or Certificate Number

Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public