

DATED: _____

Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39289-0631

Re: Well Driller's License Application of _____

Dear Licensing Officer:

I have personally supervised, or otherwise have first-hand knowledge of, the above referenced applicant's qualifying work experience as a driller. I do hereby affirm, as evidenced by my signature, that Mr. _____ meets all of the requirements contained in Mississippi Code, Annotated, Section 51-5-3, including the minimum of three (3) years qualifying experience. Therefore, I recommend that his application be processed and that he be issued a Mississippi Driller's Restricted License or Pump Installer's License.

Sincerely,

Signature of Reference

Printed Name of Reference

(If signed by a licensed driller or pump installer include:)

License No. _____

Licensing State _____

NOTARY:
STATE OF _____

COUNTY OF _____

THIS DAY, _____, personally came and appeared before the undersigned authority in, and for, the aforesaid jurisdiction.

SWORN to and subscribed before me on this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:
