



FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF WATER RESOURCES
NIGERIAN INTEGRATED WATER RESOURCES MANAGEMENT COMMISSION

Form No.: NIWRMC-WLA/17/004



AFFIX YOUR PASSPORT
PHOTOGRAPH

APPLICATION FOR DRILLER'S LICENCE

1. Full name of the applicant _____
2. Date and place of birth _____
3. Contact Address: _____

4. Occupation: _____
5. Educational Training (attach photocopies) _____

6. Professional Training (attach photocopies of credentials) _____

7. Relevant drilling experience (list and attach relevant document(s)) _____

8. Membership of professional associations (list and attach relevant document(s)) _____

9. Any other relevant information _____

10. I _____ declare that all above information are to the best of my knowledge true and promise to uphold the ethics of the profession if granted the licence.

DECLARATION

I _____ hereby declare that all above information is to the best of my knowledge true and correct and I promise to abide by the rules and regulation if granted the licence. I enclose herewith bank draft no _____ for the sum of N _____ to cover the prescribed fee for the application.

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE	
FEE	
DATE	
APPROVED/REJECTED	
NOTIFIED	
DATE CHECKED	