

DELAWARE WATER WELL LICENSING BOARD
 DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
 89 KINGS HIGHWAY
 DOVER, DELAWARE 19901

APPLICATION FOR LICENSE
 (Please Type or Print Clearly)

Name of Applicant: _____
(First) (Middle Name) (Last)

Home Address: _____
(City) (State) (Zip)

Telephone #: _____ Birth Date: _____

Indicate the type of license you are applying for:

- WATER WELL CONTRACTOR** **PUMP INSTALLER CONTRACTOR**
 Well Driller Well Driller - Geotechnical Pump Installer
 Well Driller - Dewatering

2. Have you ever been licensed in this state? Yes No IF YES, when: _____

3. Have you ever been denied a license in this or any other state? Yes No
IF YES, Date: _____, State _____, Reason: _____

4. Are you licensed in any other state? Yes No
IF YES, State: _____, License # _____, Type of License: _____

5. Are you self-employed? Yes No

6. Provide the company name, address, telephone number, Contractor License number and Employer Identification/Federal Tax ID number under which you operate your business **or** with whom you are currently employed.

(Company Name) (Address) (City) (State)

(Well Contractor Number) (Telephone #) (Employer Identification/Federal Tax ID Number)

7. Are your operations statewide? Yes No IF NO, provide areas or regions of state in which you now or plan to conduct business: _____

8. EDUCATION

Do you possess a high school diploma or equivalency certificate? Yes No Year Graduated: _____
 If you did not graduate from high school, what was the highest grade completed? _____

List any colleges, universities, vocational and/or business schools attended (including seminars/training courses), use an additional sheet if necessary.

NAME AND LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED
		From To
		From To
		From To

9. WORK EXPERIENCE

Provide your current and prior work experience. Applicants for a well drillers license must provide the TYPES OF RIGS OPERATED, TYPES OF WELLS CONSTRUCTED, AND THE DEPTH AND DIAMETER OF WELLS constructed. Applicants for a pump installer license must provide THE TYPES OF PUMPS INSTALLED AND SERVICED. (Attach additional sheets if needed.) List full-time and part-time employment separate.

NAME AND ADDRESS OF EMPLOYER	DESCRIBE YOUR DUTIES AND RESPONSIBILITIES - IN DETAIL (Attach additional sheets if needed)	DATES EMPLOYED
		From: _____ To: _____ Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
		From: _____ To: _____ Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
		From: _____ To: _____ Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
		From: _____ To: _____ Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
		From: _____ To: _____ Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>

10. Total years and months (full-time and part-time combined) engaged in this occupation: _____ Yr., _____ Mo.

11. Applications for well driller, well driver and pump installer licenses shall include:

- an attachment listing all past or outstanding civil, administrative, or criminal proceedings instituted against the applicant (including any form of permit suspensions or revocations) for any environmental or regulatory violations over the past five (5) years, regardless of location. Include details of the violation, the proceedings, and the outcome of the proceedings **OR**
- a statement that the applicant has not had any civil, administrative, or criminal proceedings for any environmental or regulatory violations filed against him or her over the past five years

12. Applications for well driller, well driver, and pump installer licenses shall include two (2) Professional Experience Reference forms (available from the Dept.) completed and signed by people who hold current licenses in the same occupation. References may be from persons licensed in any state.

I, _____, hereby affirm that this application contains no willful misrepresentations or falsifications and that the information given herein is true and complete to the best of my knowledge and belief. I understand that should an investigation at any time disclose any misrepresentation or falsification, my application may be disapproved or my license revoked.

Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature Notary Public

My commission expires: _____, 20_____