

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

**APPLICATION FOR CONTRACTOR LICENSE**

(Please Type or Print Clearly)

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner or Officer(s) of Company: \_\_\_\_\_

Employer Identification/Federal Tax ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Email Address and Direct Telephone Number: \_\_\_\_\_

1. Indicate the type of contractor license you are applying for (please only select **ONE** box):

- Well Driller Contractor (\$150)
- Pump Installer Contractor (\$115)

2. Has your business ever been licensed in Delaware? Yes  No  IF YES, when: \_\_\_\_\_

3. Has your business ever been denied a license in Delaware or any other state? Yes  No   
IF YES, Date: \_\_\_\_\_, State \_\_\_\_\_, Reason: \_\_\_\_\_

4. Is your business licensed in any other state? Yes  No   
IF YES, State: \_\_\_\_\_, License # \_\_\_\_\_, Type of License: \_\_\_\_\_

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

6. Are you self-employed? Yes  No

7. Please attach a copy of your contractor's liability insurance with the following minimum levels of coverage:

Bodily Injury:       \$100,000 each person  
                              \$300,000 each occurrence  
Property Damage:   \$ 50,000 each occurrence  
                              \$ 50,000 each aggregate

8. Please attach a check made payable to "DNREC Division of Water" in the amount of the appropriate fee (listed above).

---

---

I, \_\_\_\_\_, hereby affirm that this application contains  
(PRINT or TYPE Applicant's Name)  
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 \_\_\_\_\_