

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

**APPLICATION FOR INDIVIDUAL LICENSE**

(Please Type or Print Clearly)

Name of Applicant: \_\_\_\_\_  
(First) (Middle Name) (Last)

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

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

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

- General Well Driller
- Geotechnical Well Driller
- Dewatering Well Driller
- Pump Installer

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. Provide the information below for the company 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)

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

**7. 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:

**8. WORK EXPERIENCE**

a) Provide your current and prior work experience. List full-time and part-time employment separate. (Attach additional sheets if needed.)

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"/>

b) If you are applying for a **Well Driller license**, please answer the following (All boxes **MUST** be completed):

TYPES OF RIGS (YOU HAVE OPERATED)	TYPES OF WELLS (YOU HAVE CONSTRUCTED)	DEPTHS OF WELLS (YOU HAVE CONSTRUCTED)	DIAMETERS OF WELLS (YOU HAVE CONSTRUCTED)

c) If you are applying for a **Pump Installer license**, please answer the following (All boxes **MUST** be completed):

TYPES OF PUMPS YOU HAVE INSTALLED	TYPES OF PUMPS YOU HAVE SERVICED

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

10. Applications for well driller, well driver and pump installer licenses shall include this attachment:

(Please only initial **ONE** appropriate box)

- I have not had any civil, administrative, or criminal proceedings for any environmental or regulatory violations filed against me over the past five (5) years.

- I have had past and/or outstanding civil, administrative, or criminal proceedings instituted against me (including any form of permit suspensions or revocations) for any environmental or regulatory violations over the past five (5) years, regardless of the location. **I have included details of the violation(s), the proceedings, and the outcome of the proceedings below:**

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I, \_\_\_\_\_, hereby affirm the information stated on this document 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.

11. Applications for well driller, well driver, and pump installer licenses shall include **two (2) Professional Experience Reference forms** (available from the Department) completed and signed by an individual who currently holds a license in the same occupation. References may be from individuals licensed in any state.

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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.

(PRINT or TYPE Applicant's Name)

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature Notary Public*

My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_