



**STATE OF NEW HAMPSHIRE  
WATER WELL BOARD**

PO Box 95  
Concord, NH 03302-0095  
603-271-1974



**APPLICATION FOR PUMP INSTALLER LICENSE**

INSTRUCTIONS: Type or print in ink. Answer all questions. Incomplete applications will be returned.

**1. APPLICANT INFORMATION**

Name of Qualified Applicant:	
Street:	Apt. #:
City/State/ZIP:	Tel. #:
Email:	Date of Birth:
NH Plumbers License Number (if applicable):	
Registered Business Name:	
Mailing Address:	
Physical Address:	
Email:	Tel. #:

If a partnership, attach names and addresses of partners. If a privately held corporation, attach names and addresses of all officers, directors and stockholders.

If a corporation, incorporated under the laws of what state? \_\_\_\_\_

**2. TYPE OF LICENSE**

I am applying for the following type(s) of pump installation:

- Domestic (up to 3 horsepower)
- Industrial (all horsepower) – Must also hold a domestic license

Application Fee: **\$25.00**  
Exam Fee: **\$10.00** - for each license category  
License Fees: **\$100.00**

**Total Fee (enclosed): \$\_\_\_\_\_**

**3. LICENSES HELD IN OTHER STATES:** List other states where you hold or held licensure.

State	License No.	Active or Lapsed

**4. WORK EXPERIENCE:** As per We 302.04, the applicant must have gained three years’ experience in the trade as follows. The information described below must be in detail, and should start with the applicant’s last employer. Attach additional sheets if necessary.

Employer:	Phone:
Address:	
Supervisor Name:	
Dates Employed (Give month/year): From:            To:	Hours per week:
Position & Tasks Performed (Explain in Detail):	

Employer:	Phone:
Address:	
Supervisor Name:	
Dates Employed (Give month/year): From:            To:	Hours per week:
Position & Tasks Performed (Explain in Detail):	

Employer:	Phone:
Address:	
Supervisor Name:	
Dates Employed (Give month/year): From:            To:	Hours per week:
Position & Tasks Performed (Explain in Detail):	

**5. REFERENCES:** Applicant must provide the name and address of no less than three citizens, unrelated to the applicant, of whom at least two shall be individuals from the pump installation industry having personal knowledge of the applicant’s experience and one shall be a current or former employer licensed to install pumps in New Hampshire or other state. The applicant shall provide each person listed below with a reference form (attachment A), and cover letter (attachment B), provided with the application. In addition, a stamped envelope with the Board’s address affixed should also be provided to your references. **Reference forms must come directly from the reference, and will not be accepted if submitted by the applicant.**

Name	Mailing Address	Occupation/License	Business Relationship to Applicant

**6. REGISTRATION OF BUSINESS.** Registration with the Secretary of State to conduct business in New Hampshire is required by law. A copy of your “Certificate of Existence” or “Certificate of Authority” must accompany this application. You may contact the Secretary of State at (603) 271-3244 or (603) 271-3246.

**7.** The licensee, by this application, agrees to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules We 100 through We 1000.

**TO BE NOTARIZED:**

**8. AFFIDAVIT,** STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

(Applicant) \_\_\_\_\_ being duly sworn says that he/she is the person who is referred to in this application; that the statements herein contained are true in every respect and that the applicant has complied with and will continue to comply with all requirements of RSA 482-B.

Sworn to before me this \_\_\_\_\_ (Signature of Applicant)

day of \_\_\_\_\_, 20\_\_\_\_\_

(Seal) \_\_\_\_\_ (Person Administering Oath)

Falsification of any information requested shall be grounds for revocation of license.

THE STATE OF NEW HAMPSHIRE  
WATER WELL BOARD  
29 HAZEN DRIVE  
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

\_\_\_\_\_ of \_\_\_\_\_ has applied to this Board for licensure in the State of New Hampshire as a water well contractor or pump installer and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reference form, and assures you that the information you provide will be treated in the strictest confidence as the Board can reasonably assure. As with all public documents, the application and associated references are subject to the provisions of the freedom of information act.

Pursuant to RSA 482-B and the rules adopted by the Water Well Board, an applicant for licensure as a water well contractor or pump installer is required to have been engaged in their trade for a period of three years prior to the date of their application. The required three years' experience shall be directly related to the type of license to be issued. In order to expedite the application, it is vital that you indicate on the reference form whether you are a licensed water well contractor or pump installer or a person engaged in the trade of water well construction or pump installation.

The Board is required to obtain proof of the applicant's qualifications as a water well contractor or pump installer before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have the responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for licensure.

Respectfully yours,

The Water Well Program

**TO BE COMPLETED BY REFERENCE AND SUBMITTED DIRECTLY TO THE BOARD**

Re: Application of \_\_\_\_\_

Indicate license type:      Water Well Contractor      Pump Installer      Both

What is your full name?	Tel. #?
What is your address?	
What is your present business or profession?	
Are you a licensed water well contractor?                      Pump installer? In what state?                      License #: If not, do you qualify for a water well contractor or pump installer in accordance with RSA 482-B? <input type="checkbox"/> Water Well Contractor <input type="checkbox"/> Pump Installer <input type="checkbox"/> Both	
How long have you known the applicant? From _____ to _____	
Are you in any way related to the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What has been your business connection with the applicant?	
Do you know anything reflecting adversely on the integrity or general good character of the applicant?	
Please give in brief your estimate of the applicant as a water well contractor or pump installer:	
Would you employ the applicant in a position of trust?	
If the applicant is connected with a firm, partnership, or corporation, please give its name and address:  Position he/she fills:	
Is the applicant qualified to be placed in responsible charge or supervision of work?	
Do you recommend the applicant for licensure as a water well contractor?                      Pump installer?	
In my opinion, the applicant has _____ years of experience contrasting wells. In my opinion, the applicant has _____ years of experience installing pumps.	

Remarks concerning the applicant:

I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as a water well contractor or pump installer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Water Well Board Use Only**