



**STATE OF NEW HAMPSHIRE
WATER WELL BOARD**

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



APPLICATION FOR WATER WELL CONTRACTOR 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:

- Drilled Wells (rotary or cable tool rig)
- Wash Wells or Well Points
- Dug Wells
- Monitoring Wells

I use the following type(s) of equipment: Rotary Drill Cable Tool Wash Well Machine Backhoe
 Other: _____

Application Fee: **\$25.00**
 Exam Fee: **\$10.00** - for each license category
 License Fees (select one): **\$225.00** - Monitor Well
 \$225.00 - Rotary Drill
 \$150.00 - Cable Tool, Point Well, or Wash Well
 \$100.00 - Dug Well

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