



TEXAS DEPARTMENT OF LICENSING AND REGULATION
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WATER WELL DRILLER/PUMP INSTALLER EXPERIENCE VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY A SUPERVISING LICENSEE TO VERIFY DRILLING/INSTALLING EXPERIENCE THAT THE DEPARTMENT MAY CONTACT TO VERIFY.

Applicant's Name:

_____ Last _____ First _____ Middle Initial _____ Suffix (JR, SR, III)

Water Well Driller or Pump Installer Supervisor's Name

Phone Number

Company Name:

Your Driller/Installer License Information

_____ License Type (Driller/Installer) _____ License Number _____ Effective Date _____ Expiration Date

State, County, or Municipality Issuing License:

Period You Supervised Applicant:

_____ Start Date (Month/Day/Year) To _____ End Date (Month/Day/Year)

Indicate below the number of wells drilled and/or pumps installed by the applicant

Water Well	Windmill, Hand Pumps and Pump Jacks
Monitor Well	Single Phase
Closed Loop Geothermal Well	Three Phase
Dewatering Well	Line Shaft Turbine Pumps
Injection Well	

Describe job duties performed:

STATEMENT OF SUPERVISOR

I have only verified actual experience that this applicant received while working under my direct supervision. I understand that I may be subject to disciplinary action if I verify experience other than that which was performed while the applicant was working under direct supervision. By signing this form, I certify all information submitted on this form is true and accurate.

_____ Date Signed

_____ Signature of Supervising Driller/Installer