



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education & Examination Division

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APPLICATION FOR THE TEXAS WATER WELL DRILLER/PUMP EXAMINATION DEVELOPMENT COMMITTEE

PLEASE PRINT

Applicant Name		Business Name		
Business Address			Email Address	
City, State & Zip			Business Phone	Alt #

List All Driller/Pump Related Licenses/Certificates	State/Date Licensed	Years Held	Active/Inactive
a.			
b.			
c.			

List Any Other Certifications, Contributions, or Other Qualifications You Want TDLR to Consider: (YOU MAY SUBMIT AN ATTACHMENT TO YOUR APPLICATION, AS NEEDED.)

Do You Now or Have You Ever Taught a Driller/Pump Exam Prep Class? (YOU MAY SUBMIT AN ATTACHMENT TO YOUR APPLICATION, AS NEEDED.)	YES	NO
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List Class Titles and Dates:	
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If selected for the Texas Water Well Driller/Pump Examination Development Committee, I understand that considerable effort will be expected, and that appointment carries an obligation to regularly attend meetings, actively participate in the generation of exam content, and to timely address assigned tasks, draft reports, and ballots. I agree to abide by the rules and policies of the Texas Department of Licensing and Regulation, and notify the Department of any change in the information provided on this application, including change in employment.

As a condition of service on this Committee I agree that during my term and for one year afterward I will maintain the security of examinations developed, will not provide to any person or assist any person attempting to obtain information concerning examination content. I will not participate in any way with seminar courses, program or activity that specifically intended to assist persons preparing to take a Driller/Pump examination. Your contribution to the development and validation of examination questions and other written or electronic media are the sole property of the Texas Department of Licensing and Regulation.

I hereby attest that all the information provided in this application for Texas Committee appointment is true and accurate.

Signature _____ Date _____