



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

WELL DRILLER/PUMP INSTALLER EXPERIENCE VERIFICATION

To be completed by the supervising licensee verifying the applicant's experience. The department may contact the supervising licensee for verification purposes.

Download additional [Experience Verification Forms](#) from our website if needed.

Applicant Name (As listed on your government issued ID or driver license):

Last Name

First Name

Middle

Suffix

Social Security Number (see instruction sheet for disclosure information):

SUPERVISOR'S VERIFICATION OF EXPERIENCE

Water Well Driller or Pump Installer Supervisor Name:

Phone Number:

(Area Code) Phone Number

License Number:

Company Name:

Supervisor's Out of State License Information (if applicable)

Issuing Jurisdiction

License Type

First Issue Date

Expiration Date

Dates of Supervision:

to

Start Date

End Date

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

WATER WELL TYPES	NUMBER	PUMP INSTALLATION TYPES	NUMBER
Water Wells	_____	Windmill, Hand Pumps and Pump Jacks	_____
Monitor Wells	_____	Single Phase	_____
Closed Loope Geothermal Wells	_____	Three Phase	_____
Dewatering Wells	_____	Line Shaft Turbine Pumps	_____
Injection Wells	_____		

Indicate, in as much detail as possible, the job duties performed under your supervision (DO NOT LEAVE THIS PART BLANK):

ACKNOWLEDGEMENT 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.

Signature of Supervising Driller/Installer

Date

INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES: TDLR recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use a licensing option available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#). If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information](#) webpage.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Do not send cash.

For additional information and questions, please visit the [TDLR](#) website or reach Customer Service via [webform](#) where you can submit your request for assistance and include required attachments or by phone at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

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