

## WELL DRILLER/PUMP INSTALLER LICENSE APPLICATION INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

Use this application to apply for an initial license or to add another license to your existing water well driller or pump installer license. This application is not to add endorsements to your existing license.

1. SELECT THE LICENSE YOU ARE APPLYING FOR – Select one. This application is not to add an endorsement to your existing license. A 2-year license will be issued once all requirements have been satisfied. Please use the [Notice of Change and Duplicate License Request](#) form to add an endorsement.
2. NAME – Your name must match your government identification or driver license.
3. DO YOU HAVE A SOCIAL SECURITY NUMBER – Disclosure is required by the **Texas Family Code** to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#). If you do not have a Social Security Number, you must complete the [Social Security Number Status Certification](#) form. See additional information at [Verification of Lawful Presence](#).
4. DATE OF BIRTH – MM/DD/YYYY
5. GENDER – Select whether you are male or female.
6. EMAIL ADDRESS – By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
7. PHONE NUMBER – Provide a phone number where we can reach you during the day.
8. MAILING ADDRESS – The address where you receive mail. This address can be a post office box. Always keep your mailing address current with the Texas Department of License and Regulation, (TDLR).
9. BUSINESS NAME - Provide the information of the business that currently employs you as a well driller or pump installer.
10. WATER WELL DRILLER ENDORSEMENTS – **Skip this section if you are not applying for a water well driller or combination driller/installer license.** Complete this section if you are applying for a water well driller license or a combination driller/installer license. Include the endorsement(s) you are applying for and the minimum number of wells drilled for each endorsement type.
11. PUMP INSTALLER ENDORSEMENTS – **Skip this section if you are not applying for a water well driller or combination driller/installer license.** Complete this section if you are applying for a pump installer license or a combination driller/installer license. Include the endorsement(s) you are applying for and the minimum number of pumps installed for each endorsement type.
12. APPRENTICESHIP PROGRAM EXPERIENCE – Skip this section if you do not have an apprentice license, issued by TDLR.
13. OUT OF STATE LICENSE EXPERIENCE – Skip this section if you do not have an out of state water well driller and/or pump installer license.
14. CRIMINAL HISTORY – This does not include a minor traffic violation. If **YES**, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.  
If you are worried your criminal history could prevent you from getting this license, you can have your criminal history evaluated before submitting this application and non-refundable fees. To request a criminal history evaluation, do not continue with this application. Download, complete, and submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) form for each crime you were convicted of, or placed on deferred adjudication for, and pay the \$10.00 fee.
15. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each sanction.
16. ACKNOWLEDGEMENT OF APPLICANT – Carefully read the acknowledgement of applicant before you sign and date your application.  
WELL DRILLER/PUMP INSTALLER EXPERIENCE VERIFICATION FORM – To be completed by the licensed water well driller or pump installer, who supervised the applicant. **Skip this section if you have completed a 2-year apprenticeship program.**

**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).

**TDLR PUBLIC INFORMATION ACT POLICY:** This document is subject to the [Texas Public Information Act](#). With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## WELL DRILLER/PUMP INSTALLER LICENSE APPLICATION

### **FEES ARE NON-REFUNDABLE**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.**

**1. Select the license you are applying for** (select one)

Well Driller - \$430 fee

Pump Installer - \$430

Combination (well & pump) - \$650

**2. Name:** (As listed on your government issued ID or driver license)

Last Name

First Name

Middle

Suffix

**3. Do you have a Social Security Number (SSN):** Yes No

(See instruction sheet for disclosure information)

**4. Date of Birth:**

MM/DD/YYYY

**5. Gender:**

Male

Female

**6. Email Address:**

See instruction sheet for disclosure information

**7. Phone Number:**

(Area code) Phone Number

**8. Mailing Address:** (Used to receive mail from TDLR)

Street Number & Name (PO Box allowed)

Apt/Bldg/Ste #

City

State

Zip Code + 4

**9. BUSINESS INFORMATION**

Business Name:

Business Phone Number:

Business Physical Address: (PO Box cannot be used)

Street Number & Name (PO Box not allowed) Apt/Bldg/Ste #

City

State

Zip Code

**10. WATER WELL DRILLER ENDORSEMENTS**

**Well Driller Endorsements**

**Number of Wells Drilled (MINIMUMS IMPOSED)**

W – Water Well

(15 minimum)

M – Monitor Well

(50 minimum)

C – Closed Loop Geothermal Well

(50 minimum)

D - Dewatering Well

(50 minimum)

N – Injection Well

(50 minimum)

A – Master Driller (includes all endorsements above)

(list # of wells drilled in applicable boxes above)

| 11. PUMP INSTALLER ENDORSEMENTS                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Pump Installer Endorsements                                                                                                                                                                                                                                                                                                                                                                                      | Number of Pumps Installed (MINIMUMS IMPOSED)          |                                                                                                 |
| L – Windmill, Handpumps and Pump Jacks                                                                                                                                                                                                                                                                                                                                                                           | (15 minimum)                                          |                                                                                                 |
| P – Single Phase                                                                                                                                                                                                                                                                                                                                                                                                 | (15 minimum)                                          |                                                                                                 |
| K – Three Phase                                                                                                                                                                                                                                                                                                                                                                                                  | (15 minimum)                                          |                                                                                                 |
| T Line Shaft Turbine Pumps                                                                                                                                                                                                                                                                                                                                                                                       | (15 minimum)                                          |                                                                                                 |
| I - Master Installer (includes all referenced endorsements)                                                                                                                                                                                                                                                                                                                                                      | (list # of pumps installed in applicable boxes above) |                                                                                                 |
| 12. APPRENTICESHIP PROGRAM EXPERIENCE                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                                                                 |
| Complete this section if you have completed a 2-year apprentice program and skip to 14.<br>Experience Verification is not required if you have completed the 2-year apprentice program.                                                                                                                                                                                                                          |                                                       |                                                                                                 |
| Provide the Apprentice Registration Number, issued by TDLR.                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                                                                                 |
| 13. OUT OF STATE LICENSE EXPERIENCE                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                                                 |
| Complete this section if you hold a license from another state.                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                                                 |
| Issuing State                                                                                                                                                                                                                                                                                                                                                                                                    | Phone #                                               | Out of State License #                                                                          |
| Issuing State                                                                                                                                                                                                                                                                                                                                                                                                    | Phone #                                               | Out of State License #                                                                          |
| If you hold a license from another state, you must provide:                                                                                                                                                                                                                                                                                                                                                      |                                                       | A copy of the out of state license(s)<br>Name(s) and phone number(s) of the out of state entity |
| CRIMINAL HISTORY AND DISCIPLINARY ACTION                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                                                                 |
| <b>14.</b> Have you ever been convicted of, or placed on deferred adjudication for any misdemeanor or felony, other than a minor traffic violation?<br>If YES, complete and attach a <b>Criminal History Questionnaire (PDF)</b> for each offense.                                                                                                                                                               | Yes                                                   | No                                                                                              |
| <b>15.</b> Have you ever had a professional license, certification or registration suspended, revoked or denied in any state? If YES, attach a <b>Disciplinary Action Questionnaire (PDF)</b> to this application. This does not include your driver license.                                                                                                                                                    | Yes                                                   | No                                                                                              |
| 16. ACKNOWLEDGEMENT OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                                                                                 |
| I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in sanctions up to and including denial of this application and/or revocation of the license I am applying for and imposition of administrative penalties. |                                                       |                                                                                                 |
| Applicant's Signature                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | Date Signed                                                                                     |



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## 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