



# 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 INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted.

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

A completed application is required prior to scheduling your Texas examination. If your application is approved, we will notify the exam provider (PSI) and they will send you a postcard with information on scheduling your examination. You must pay the exam fee directly to PSI.

### FEES

- **Initial Application Fee - Well Driller OR Pump Installer - \$215**
- **Initial Application Fee - Combination (Well and Pump) - \$325**
- **If you're CURRENTLY licensed and hold a DRILLER license and you're adding a DRILLER endorsement - \$25**
- **If you're CURRENTLY licensed and hold an INSTALLER license and you're adding an INSTALLER endorsement - \$25**
- **If you're CURRENTLY licensed and you are adding a DIFFERENT license type - \$215**

1. NAME - Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH - Provide your birthdate.
3. GENDER - Select whether you are male or female.
4. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order 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](#) at: or call (512) 460-6000 or (800) 252-8014.
5. MAILING ADDRESS - Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box.
6. PHONE NUMBER - Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. CELL PHONE NUMBER - Provide your cell phone number, including the area code, where we can reach you during the day.
8. EMAIL ADDRESS - Provide your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. CRIMINAL HISTORY - Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than 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, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, 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 a \$10 fee.
10. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had an occupational 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.
11. BUSINESS NAME - Provide the name of the business that currently employs you as a well driller or pump installer.

12. BUSINESS PHYSICAL ADDRESS - Provide the physical address of the business shown in item 11. This address cannot be a post office box.
13. BUSINESS PHONE NUMBER - Provide the phone number, including the area code, of the business shown in item 11.
14. ENDORSEMENTS - Select each endorsement for which you are applying.
15. EXPERIENCE - If you are applying for a water well driller license, indicate the number of times you have drilled each type of well. If you are applying for a pump installer license, indicate the number of times you have installed each type of pump. Specify the minimum number of wells drilled for each well type or the minimum number of pumps installed for each pump type.
16. YEARS OF EXPERIENCE – NOTE: EFFECTIVE 09/15/14 - ALL applicants must have at least TWO years of experience. Have you completed the 2-year apprentice program? Select YES or NO If YES, provide your Apprentice Registration #, and skip page 4 of the application. If NO indicate how many years of experience you've had with either Water Well Drilling or Pump Installing. If you do not meet the two-year experience requirement, your application will be returned.
17. OUT OF STATE LICENSE - Select YES or NO to indicate if you are licensed in another state as a well driller or pump installer. If you check YES, you must provide a copy of your license(s) and provide the names and contact phone number(s) of the issuing jurisdiction(s).
18. STATEMENT OF APPLICANT- Carefully read the statement before you date and sign your application.
19. EMPLOYMENT HISTORY - Provide your employment history for each employer for which you worked as a water well driller or pump installer. Make additional copies of the employment history form if needed.
20. EXPERIENCE VERIFICATION FORM - In addition to employment history, the supervising water well driller or pump installer must complete a Water Well Driller/Pump Installer Experience Verification form or a letter describing your experience for each employment period on the employment history form. Make additional copies of the Experience Verification form as needed.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application

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 web page](#).

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

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

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

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

**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](#).



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## WELL DRILLER/PUMP INSTALLER LICENSE APPLICATION

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED. (FEES ARE NON-REFUNDABLE)**

Initial Application Fee - Well Driller - \$215	If you hold a current Driller license and you're adding a Driller endorsement - \$25
Initial Application Fee - Pump Installer - \$215	If you hold a current Installer license and you're adding an Installer endorsement - \$25
Initial Application Fee - Combination (well & pump) - \$325	If you hold a current license and you're adding a DIFFERENT license type - \$215

**1. Name:**

\_\_\_\_\_

Last First Middle Name Suffix (JR, SR, III)

**2. Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Month Day Year

**3. Gender:**  Male  Female

**4. Social Security Number:** \_\_\_\_\_

(See instruction sheet for disclosure information)

**5. Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

\_\_\_\_\_

Number, Street Name, Suite Number/Apartment Number

**6. Phone Number:** \_\_\_\_\_

\_\_\_\_\_

City State Zip Code Phone Number

**7. Cellphone Number:** \_\_\_\_\_

Phone Number

**8. Email Address:** \_\_\_\_\_

(Ex: johndoe@aol.com) See instruction sheet for disclosure information)

**9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?**  Yes  No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

**10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?**  Yes  No

If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

### BUSINESS INFORMATION

**11. Business Name:**

\_\_\_\_\_

**12. Business Physical Address:** (PO Box is **not** allowed for this address.)

\_\_\_\_\_

Number, Street, Suite Number

\_\_\_\_\_

City State Zip Code

**13. Business Phone Number:** \_\_\_\_\_

Phone Number

**14. CHECK EACH CLASS AND ENDORSEMENT FOR WHICH YOU ARE APPLYING**

NOTE: The General Exam must be passed before any of the following licenses or endorsements may be issued.

WELL DRILLER	PUMP INSTALLER
<input type="checkbox"/> W - Water Well	<input type="checkbox"/> L - Windmill, Hand Pumps and Pump Jacks
<input type="checkbox"/> M - Monitor Well	<input type="checkbox"/> P - Single Phase
<input type="checkbox"/> C - Closed Loop Geothermal Well	<input type="checkbox"/> K - Three Phase
<input type="checkbox"/> D - Dewatering Well	<input type="checkbox"/> T - Line Shaft Turbine Pumps
<input type="checkbox"/> N - Injection Well	<input type="checkbox"/> I - Master Installer License includes all above classes and the passing of the general exam
<input type="checkbox"/> A - Master Driller License includes all above classes and the passing of the general exam	

**15. EXPERIENCE**

Indicate the number of wells drilled and/or pumps installed by the type indicated below:

Water Well The minimum number of wells drilled must be 15. _____	Windmill, Hand Pumps and Pump Jacks The minimum number of pumps installed must be 15. _____
Monitor Well The minimum number of wells drilled must be 50. _____	Single Phase The minimum number of pumps installed must be 15. _____
Closed Loop Geothermal Well The minimum number of wells drilled must be 50. _____	Three Phase The minimum number of pumps installed must be 15. _____
Dewatering Well The minimum number of wells drilled must be 50. _____	Line Shaft Turbine Pumps The minimum number of pumps installed must be 15. _____
Injection Well The minimum number of wells drilled must be 50. _____	

**16. NOTE: EFFECTIVE 09/15/14 - A minimum of two years of experience is required. Have you completed the 2-year apprentice program?**  Yes  No

If YES, provide your Apprentice Registration # \_\_\_\_\_, you may now skip step 20.

**17. Do you hold a Well Driller or Pump Installer license in another state?**If YES, provide the following:  Yes  No  
(a) a copy of the license(s)  
(b) name(s) and phone number(s) of the issuing jurisdiction(s)

Issuing Jurisdiction: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Issuing Jurisdiction: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**This completed application is required prior to scheduling your Texas exam. If your application is approved, we will notify the exam provider (PSI) and they will send you a postcard with information on scheduling your exam. You must pay your exam fee directly to PSI.****18. STATEMENT OF APPLICANT**

I certify that I will comply with all applicable provisions of the Texas Occupations Code Title 12, Practices and Trades Related to Water, Health and Safety, Chapters 1901 &amp; 1902; Texas Occupations Code Chapter 51; and 16 Texas Administrative Code, Chapter 60 and Chapter 76. I understand that providing false information on this application may result in sanctions up to and including denial or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date Signed

**19. WELL DRILLER/PUMP INSTALLER EMPLOYMENT HISTORY**

**Name:** (As it appears on your original application)  
\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (JR, SR, III)

**Social Security Number:**  
(See instruction sheet for disclosure information) \_\_\_\_\_

Indicate below your employment history for each employer. You can make additional copies of this form and attach them if needed.  
For each employment period, you must provide either a letter from the water well driller/pump installer who supervised your experience or a completed Experience Verification Form.

**Employer's Name:** \_\_\_\_\_ **Employer's Phone Number:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Number, Street Name, Suite Number  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Dates of Employment:**  
From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Describe job duties performed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer's Name:** \_\_\_\_\_ **Employer's Phone Number:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Number, Street Name, Suite Number  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Dates of Employment:**  
From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Describe job duties performed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## 20. WELL DRILLER/PUMP INSTALLER EXPERIENCE VERIFICATION FORM

**THIS FORM MUST BE COMPLETED BY A SUPERVISING LICENSEE TO VERIFY DRILLING/INSTALLING EXPERIENCE. (THE DEPARTMENT MAY CONTACT THE SUPERVISING LICENSEE FOR VERIFICATION PURPOSES.)**

**Applicant's Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (JR, SR, III) \_\_\_\_\_

**Water Well Driller or Pump Installer Supervisor's Name:**

**Phone Number:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

\_\_\_\_\_ 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:**

\_\_\_\_\_

\_\_\_\_\_ To \_\_\_\_\_  
Start Date (Month/Day/Year) End Date (Month/Day/Year)

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

Water Well \_\_\_\_\_  
Monitor Well \_\_\_\_\_  
Closed Loop Geothermal Well \_\_\_\_\_  
Dewatering Well \_\_\_\_\_  
Injection Well \_\_\_\_\_

Windmill, Hand Pumps and Pump Jacks \_\_\_\_\_  
Single Phase \_\_\_\_\_  
Three Phase \_\_\_\_\_  
Line Shaft Turbine Pumps \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature of Supervising Driller/Installer

\_\_\_\_\_  
Date