



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

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 - Write 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 - Write 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:

www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
5. MAILING ADDRESS - Write 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 - Write 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. CELLPHONE NUMBER - Write your cellphone number, including the area code, where we can reach you during the day.
8. EMAIL ADDRESS - Write 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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf

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, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/wwd/wwdforms.htm

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 for each sanction. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf
11. BUSINESS NAME - Write the name of the business that currently employs you as a well driller or pump installer.
12. BUSINESS PHYSICAL ADDRESS - Write the physical address of the business shown in item 11. This address cannot be a post office box.
13. BUSINESS PHONE NUMBER - Write the phone number, including the area code, of the business shown in item 11.
14. BUSINESS FAX NUMBER - Write the fax number, including the area code, of the business shown in item 11.
15. ENDORSEMENTS - Check each endorsement for which you are applying.
16. 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.
17. YEARS OF EXPERIENCE - Indicate how many years of experience you've had with either Water Well Drilling or Pump Installing. (Minimum requirement is two years.) NOTE: EFFECTIVE 09/15/14 - ALL applicants must have at least TWO years of experience. If you do not meet the two year experience requirement, your application will be returned.
18. OUT OF STATE LICENSE - Check 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).
19. STATEMENT OF APPLICANT- Carefully read the statement before you date and sign your application.
20. EMPLOYMENT HISTORY - Write 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.
21. 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 (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.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 web page at: <http://www.tdlr.texas.gov/military.htm>.

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 you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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WELL DRILLER/PUMP INSTALLER LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE

**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 _____

City _____ State _____ Zip Code _____

6. Phone Number: (_____) _____

Area Code Phone Number

7. Cellphone Number: (_____) _____

Area Code 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: (_____) _____

Area Code Phone Number

14. Business Fax Number: (_____) _____

Area Code Phone Number

15. 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"/> A - Master Driller License includes all above classes and the passing of the general exam	<input type="checkbox"/> I - Master Installer License includes all above classes and the passing of the general exam

16. 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. _____	

17. How many years of experience do you have drilling or installing ?

EFFECTIVE 09/15/14 - NOTE: A minimum of two years of experience is required. _____

18. Do you hold a Well Driller or Pump Installer license in another state?

If YES, provide the following: (a) a copy of the license(s) Yes No
(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.

19. 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 & 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.

Date Signed

Applicant Signature

20. 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 Code	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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21. 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: _____
Last First
Phone Number: _____
(_____) _____
Area Code 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 Signature of Supervising Driller/Installer