



STATE OF MAINE  
 WATER WELL DRILLING COMMISSION  
 286 WATER STREET, 3rd FLOOR  
 AUGUSTA MAINE 04333-0011

Board Clerk  
 (207) 287-5699 (voice)  
 (207) 287-4172 (fax)

**JOURNEYMAN PUMP INSTALLERS EXAMINATION APPLICATION**

In accordance with 32 MRSA §4700-I sub-§§2.A the Maine Well Drillers Commission shall review this application to take the Journeyman Pump Installers written examination to determine that the applicant has been engaged in the trade as a Maine licensed Apprentice Pump Installer under the direct supervision of a licensed Master or Journeyman Pump Installer for at least one (1) year and has had at least three hundred fifty (350) hours of experience during that year. This application will be accepted and reviewed upon confirmation by the Commission clerk that it is complete. A complete application consists of the following:

**Check List:**

A completed, **signed** application form.

A completed work history form that clearly demonstrates the required experience and identifies the licensed Master or Journeyman Pump Installer(s) that supervised the applicant's work for the year.

A minimum of three (3) completed references using the attached reference forms, **one (1) reference must be from a licensed Master or Journeyman Pump Installer.** References must be completed by the person providing the reference, signed and dated. No photo copies will be accepted.

Copies of any installers licenses held either in Maine or from out of state.

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Apprentice License Number: \_\_\_\_\_ Date 1st Received: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Out of State License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**Application Review and Examination fee \$25.00.** Please make check payable to "State Treasurer" and submit with completed application to:

Maine Well Drillers Commission  
 Division of Environmental Health  
 286 Water Street 3rd Floor  
 Augusta, Maine 04333-0011

**Note:** Exam questions are taken from the Water Systems Handbook, 11th edition, published by the Water Systems Council and the Well Drillers and Pump Installers Rules, 144A CMR 232. This book can be purchased through the Water Systems Council at [www.watersystemscouncil.org](http://www.watersystemscouncil.org). It may also be available at local or university libraries.

## Work History (Required)

*Instructions for completing the work history section:* This section will be used to demonstrate that the required work experience has been completed. All of the positions held by the applicant that are being used to satisfy the experience requirement must be included in the work history section. Enough information must be provided for each position held to allow the Commission to confirm that the applicant has worked at least 350 hours and for at least 1 year as a Journeyman Pump Installer under the direct supervision of a Master or Journeyman Pump Installer or as an installer from an out of state firm. Please be specific and be sure that this work history is confirmed by your references.

Employer #1	Employer #2 (if required)	Employer #3 (if required)
Name:	Name:	Name:
Address:	Address:	Address:
Licensee Name: _____ _____	Licensee Name: _____ _____	Licensee Name: _____ _____
License Number: _____	License Number: _____	License Number: _____
Phone #:	Phone #:	Phone #:
Dates Employed: From _____ To _____	Dates Employed: From _____ To _____	Dates Employed: From _____ To _____
Position/Duties:	Position/Duties:	Position/Duties:

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. **Maine law makes it illegal for persons applying for a Departmental license to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**REFERENCE FORM**

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

Please send this completed reference form to:  
**Maine Water Well Commission**  
**286 Water Street, #11 SHS, 3<sup>rd</sup> Floor**  
**Augusta, ME 04333-0011**

APPLICANT

REFERENCE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your professional relationship with the applicant?

Employer       Supervisor       Co-Worker

Other (specify) \_\_\_\_\_

How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your knowledge of applicant's professional ability in well drilling and/or pump installation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Well Drilling: \_\_\_\_\_%      Pump Installation: \_\_\_\_\_%

Have you accompanied the applicant in field work?    Yes     No

Have you participated with the applicant in water well drilling and/or pump installation?

Yes     No

What is your endorsement of the applicant?

Highly recommend     Recommended     Recommend with reservations

Do not recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE FORM**

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

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**Maine Water Well Commission**  
**286 Water Street, #11 SHS, 3<sup>rd</sup> Floor**  
**Augusta, ME 04333-0011**

APPLICANT

REFERENCE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your professional relationship with the applicant?

Employer       Supervisor       Co-Worker

Other (specify) \_\_\_\_\_

How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your knowledge of applicant's professional ability in well drilling and/or pump installation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Well Drilling: \_\_\_\_\_%      Pump Installation: \_\_\_\_\_%

Have you accompanied the applicant in field work?    Yes     No

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Do not recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Maine Water Well Commission**  
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**Augusta, ME 04333-0011**

APPLICANT

REFERENCE

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your professional relationship with the applicant?

Employer       Supervisor       Co-Worker

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Well Drilling: \_\_\_\_\_%      Pump Installation: \_\_\_\_\_%

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Highly recommend     Recommended     Recommend with reservations

Do not recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_