REFERENCE FORM

Date:			

Please send this completed reference form to the Maine Water Well Drilling Commission, Division of Environmental Health, #11 State House Station, Augusta, ME 04333-0011

APPLICANT FOR REGISTRATION AS WELL

DRILLER AND/OR PUMP INSTALLER	REFERENCE		
Name_	Name		
Address	Address		
Phone	Phone		
What is your professional relationship with the ap	plicant?		
[] Employer [] Supervisor []	Co-Worker		
Other (specify)			
How long have you known the applicant and in w	hat capacity?		
What is your knowledge of applicant's profession	al ability in well drilling and/or pump installation?		
Well Drilling% Pump Install	lation%		
Have you accompanied the applicant in field work	c? 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			
Signed	Date		

Reference Form 10/30/03