



Paul R. LePage
Governor

STATE OF MAINE
Maine Well Driller's Commission
DEPARTMENT OF HEALTH & HUMAN
SERVICES
286 Water Street, 3rd Floor
#11 State House Station
Augusta, ME 04333-0011
Phone (207) 287-5699 Fax (207) 287-4172
website: www.medwp.com

MEMBERS
Dwight Doughty, Chair, DOT-Hydrogeologist
Mike Otley, Public Member
Frank Hegarty, Master Driller
Joe Gallant, Master WD/PI
David Braley, MeCDC-Senior Geologist
Daniel Locke, Maine Geological Survey
Glenn Dyer, Master Driller

Name: _____
Address: _____
City, State, Zip: _____

- Company License Renewal Application-

Please Check:	Company Type	Fee:
()	Well Drilling Co.	\$10.00
()	Pump Installation Co.	\$10.00
()	Closed Loop Geothermal Co. (Companies that only do geothermal in Maine - does not drill water wells.)	\$10.00
	Total:	

Make check payable to: **Treasurer, State of Maine** and mail to:

State of Maine
Maine Well Driller's Commission
DHHS - SHS #11
286 Water Street, 3rd Floor
Augusta, ME 04333-0011

[For Internal Use Only: License #: _____ ISN: _____]

Coding: 014-10A-2422-01]

Company Contact Information: In accordance with the Well Drillers and Pump Installers Rules, CMR Chapter 232, Section 204.6 effective January 1, 2012, one well drilling company license shall be issued for each well drilling company that employs at least one licensed master well driller, pays the appropriate fees and makes application to the commission, and to each pump installation company that employs at least one licensed master pump installer, pays the appropriate fees and makes application to the commission. For individual licensees that are the only “employee” of a company or firm, a company license is also required. A company license for well drilling, pump installation or closed loop geothermal work required by Title 32 Chapter 69-C §4700-I does not denote the creation of a company or corporation for tax or liability purposes.

Per Title 32 Chapter 69-C §4700-I, a company license is valid only while the company employs at least one licensed master well driller for a well drilling company or one master pump installer for a pump installation company. The responsible Master must be appropriately licensed for that company type.

Please identify the name of the Master licensee in responsible charge of the company **and have that individual sign and date this application. By signing this application, the Master licensee confirms they are employed by the licensed company making this application and accepts the responsibility of assuring that this company and it’s licensed employees conduct their work in accordance with the Well Drillers and Pump Installers Rules, CMR Chpater 232, Section 204.6.**

Printed name: _____ Master _____
Well Driller (for WD Company License) License #

Signature: _____
Date: _____

E-mail: _____
Please print clearly

Printed name: _____ Master _____ Pump _____
Installer (for PI Company License) License #

Signature: _____
Date: _____

E-mail: _____
Please print clearly

Printed name: _____ Master _____ Closed _____
Loop Geothermal Heat Exchange Installer License #
(for Closed Loop Geothermal Co.)

Signature: _____
Date: _____

E-mail: _____
Please print clearly

E-mail: To save administrative costs the Commission will begin using e-mail as its primary method of delivering information. Please be sure to include an e-mail address above to ensure you continue to receive information and updates. Correspondence associated with complaints will continue to be sent by certified mail. Questions may be sent to: tina.lemieux@maine.gov or david.braley@maine.gov

Please visit our website at: www.medwp.com and select professionals for up-to-date information.