



MARYLAND DEPARTMENT OF THE ENVIRONMENT

PO Box 2057 • Baltimore, Maryland 21203-2057

410-537-3644 • 1-800-633-6101 Ext. 3644 • www.mde.maryland.gov

STATE BOARD OF WELL DRILLERS

INFORMATION TO APPLICANTS

This notice is provided pursuant to State Government Article, § 10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

Each applicant for a license must:

1. Complete the "Application for License" form.
 - a. **Include a detailed account of your actual years of experience installing wells, or well system equipment, or both, along with the name and phone number of all previous employers. (Attach a separate sheet of paper if necessary)**
 - b. Attach documents supporting licensure in the profession to the application.
 - c. Attach **\$75** check or money order payable to "State Board of Well Drillers" as payment of the non-refundable application fee.
 - d. Submit all of the above documents to:

**Maryland Board of Well Drillers
PO Box 2057
Baltimore, MD 21203-2057**

GENERAL INFORMATION

When the Board has received all required application documents, it will review the application at its next regular meeting (The Board is scheduled to meet on the 4th Wednesday of each month) to determine whether the applicant meets the experience requirements for the class, or category, or both, of license sought. Qualified applicants will be notified of the time and place for taking the exam at least **30 days** before the next scheduled exam. An unqualified applicant will be so notified and may re-apply when the applicant becomes qualified.

The Board's licensure examinations are normally given each year on the first Monday of **February, May, August, and November**. A person must attain a score of at least **70%** to pass the written examination.

All licenses expire on June 1st of each odd calendar year. Licensees are automatically sent a renewal notice well in advance of the expiration date.

A minimum of **20** credit hours of continuing education is required as a precondition for license renewal of all license classes. The 20 hours of training must be obtained during the 2-year period immediately preceding the June 1 expiration date of the license. The continuing education courses/training programs **must** be pre-approved by the Board.

If you have any additional questions, please feel free to call the Board's office at (410) 537-3644.



MARYLAND STATE BOARD OF WELL DRILLERS

REQUIREMENTS FOR LICENSURE

CLASS AND CATEGORY OF LICENSE	EXPERIENCE REQUIREMENT	LICENSE FEE	WRITTEN EXAM	PERFORMANCE BOND	INSURANCE
Master Well Driller - General (MWD) - Geotechnical (MGD) - Water Supply (MSD)	7 years practicing well drilling or 2 years as a Journeyman in same category	\$150	Required	\$5,000 Aggregate	Bodily Injury - \$100,000 each person \$300,000 each occurrence Property Damage - \$ 50,000 each occurrence \$ 50,000 Aggregate
Journeyman Well Driller - General (JWD) - Geotechnical (JGD) - Water Supply (JSD)	5 years practicing well drilling or 3 years as an Apprentice Well Driller	\$100	Required	NONE - But must be covered under bond of Master Well Driller	NONE - But must be covered by Company Policy
Pump Installer (PI)	3 years installing pumps of 2 years as an apprentice pump installer	\$150	Required	\$2,000 Aggregate	Bodily Injury - \$100,000 each person \$300,000 each occurrence Property Damage - \$ 50,000 each occurrence \$ 50,000 aggregate
Water Conditioner Installer (WCI)	3 years installing water conditioning equipment or 2 years as an apprentice water conditioner installer	\$150	Required	\$2,000 Aggregate	Bodily Injury - \$100,000 each person \$300,000 each occurrence Property Damage - \$ 50,000 each occurrence \$ 50,000 aggregate
Apprentice - Well Driller (AWD) - Pump Installer (API) - Water Conditioner Installer (AWC)	1 year related experience	\$50	Required	NONE - But must be covered under bond of the Master Well Driller, Pump or Water Conditioner Installer Sponsor	NONE - But must be covered by Company Policy





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STATE BOARD OF WELL DRILLERS

(PCA: 46011 AOBJ: 5364)

NEW LICENSE APPLICATION

PLEASE PRINT/TYPE ALL INFORMATION

Applicant's: (First Name) (Middle Name/Initial) (Last Name) (Suffix - Jr, Sr, etc.)

Mailing Address: (Street Number and Street Name)

Street Address: (If Different from Above)

(City) (County) (State) (Zip Code)

Daytime Phone Number () - Date of Birth / /

Social Security Number - - Height Weight Sex

CHECK THE CLASS OF LICENSE (This application will be returned if you check (X) more than ONE class.) AND (WHERE APPLICABLE) THE CATEGORY OF LICENSE YOU ARE APPLYING FOR:

- Class: Master Well Driller, Journeyman Well Driller
Category: General *, Geotechnical *, Water Supply

* To partially satisfy the requirements for obtaining a license in the Geotechnical or General category, I have submitted a valid individual certificate with this application that proves:

I recently attended training for hazardous waste or monitoring site operations required by the Occupational Safety and Health Administration.

- Class: Apprentice Well Driller, Apprentice Pump Installer, Pump Installer, Apprentice Water Conditioner Installer, Water Conditioner Installer



ANSWER ALL QUESTIONS - AN INCOMPLETE APPLICATION WILL BE RETURNED.

1. Are you currently or have you ever been licensed by this Board? Yes____ No____.
If yes, what is your license number(s): _____
2. Have you ever had any license revoked, canceled or suspended in this or any other State?
Yes ____ No _____. If yes, which State? _____ License Number _____
Reason _____
3. Is a license required to practice well drilling in the state(s) in which you obtained your experience?
Yes ____ No _____. State(s): _____
4. Are you currently licensed in an equivalent license class or category, or both, in any state?
Yes ____ No _____. If yes, **attach copy of license(s) to application.**
5. How long have you been engaged in the well drilling profession?
____ Full Time: Years _____ Months _____
____ Part Time: _____ Months Per Year For _____ Years

Actual number of years operating a well drilling rig? Years ____ Months ____.

List types of drilling rigs you have operated:

Actual number of years installing well system equipment? Years ____ Months ____.

List types of water conditioning equipment you have installed:

List types of pumps or pumping equipment you have installed:



6. Please indicate name of the well drilling company or corporation you are currently working for:

(Company Name)

(Address)

(City) (State) (Zip Code)

Business Telephone Number: (____) ____-____ Fax: (____) ____-____

7. What percentage of the above company's well drilling business pertain to the installation of wells or well system equipment in the following Board-defined categories:

_____ Geotechnical

_____ Water supply

8. Give the counties in Maryland or other jurisdictions where your experience installing wells or well system equipment is documented:

9. List ten (10) recent locations where you have installed wells or well system equipment in the class/category of license you are applying:

<u>Permit No.</u>	<u>Type Well/Equipment Installed</u>	<u>Completion Date</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____



10. Fill in your prior on-site work experience. **Only include the time you spent actually drilling, assisting in drilling or installing well system equipment in the field.** Begin with your present employment.

Dates of Employment Name and Address of Employer Licensed Supervisor Types of Well Construction/
Pumps Installed Total Number of Wells/Pumps
You Personally Installed

Describe the type of well drilling rig you intend to operate, the type of well you intend to construct, and/or the type of pump/water treatment system you intend to install as part of any practical/field exam for license class/category you have applied for:



11. Are you a high school graduate or have you earned a high school equivalence certificate? Yes ____ No ____.
If no, what was the highest completed grade? _____.

12. In the following spaces, list any courses completed in the past two (2) years or any special training received in subjects directly related to or associated with the class of license you are applying for. **Please document your attendance by attaching a copy of the certificate(s) awarded.**

(SUBJECT)

(YEAR)

13. Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any misdemeanor or felony, other than a minor traffic violation, or is there any such charge now pending? Yes ____ No ____.

14. **IF YOU ARE A RESIDENT OF MARYLAND** - Please attach at least one (1) letter of recommendation (reference) from a **Master Well Driller, Pump Installer, or Water Conditioner Installer** licensed in Maryland. Letters of recommendation must include:

1. A statement of the relationship to the applicant;
2. Length of time the person has known the applicant;
3. A statement of the applicant's quality of work and personal/professional integrity; and
4. Name, mailing address, phone number, and license number of person making the recommendation.

15. **IF YOU ARE AN OUT-OF-STATE APPLICANT** - Please provide the names, addresses, and telephone numbers of governing and/or regulatory bodies that can attest to the nature and duration of your experience practicing well drilling in their jurisdictions below:

I hereby affirm that this application contains no willful misrepresentations or falsifications and that the information given herein is true and complete to the best of my knowledge and belief. I will, if necessary, submit affidavits to substantiate character, education and practical experience claimed. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application may be disapproved, or my license, if already issued, may be revoked.

(Date)

(Signature of Applicant)

AFFIDAVIT

State of _____)

County of _____)

ss.

Subscribed and sworn to before me this ____ day of _____, 20__.

(Seal)

Notary Public

My Commission Expires _____



AGREEMENT TO SUPERVISE APPLICANT'S TRAINING and WORK PERFORMANCE

Note: Complete only if the applicant is **applying for a Journeyman Well Driller, Well Rig Operator, or an Apprentice license.**

I hereby affirm that _____, who is applying
(Name of Applicant)

for a _____ license has been

employed by _____ since _____.
(Company)

As a _____ **Master Well Driller** _____ **Water Conditioner Installer** _____ **Pump Installer** *licensed in Maryland* and the **designated sponsor** of this applicant, I submit that the applicant is a likely candidate for training and advancement in the practice of well drilling, and I fully endorse this application.

In consideration of this application for licensure, I agree to and pledge cooperation in the following:

1. That while employed by the Company, the applicant will be provide with the opportunity to frequently operate all well drilling machinery, equipment, and apparatus used by me in the practice of well drilling, and perform any associated work only while under the supervision and responsibility required in the Maryland State Board of Well Drillers' Regulations, COMAR 26.05.01-.04, for the class and category of license sought.
2. That all practice of well drilling done by this applicant shall be in accordance all applicable regulations, and shall be covered by the bond of the designated sponsor and liability insurance of the Company.
3. That I will make every effort to provide the applicant, while an employee of the Company, with the opportunity to obtain additional training and experience in the practice of well drilling.
4. That written reports on the applicant's progress will be submitted to the Board, upon request.
5. **That should the applicant's employment be terminated, either voluntarily or otherwise, I will notify the Board, in writing, within 10 days after termination.**

(Name of **Designated Sponsor**, Printed

License No. of **Sponsor**
(6 characters)

(Signature of Sponsor)

(Signature of Company Official)

(Title)

Date: _____

Business Telephone Number: (_____) _____ - _____

