INSTRUCTIONS FOR APPLICATION FOR LICENSE EXAMINATION

1. For each examination you are applying for, submit:
   a. Application for License Examination form
   b. Check or money order, made out to Maryland State Board of Well Drillers for $75.00. The exam fee is the same for all exams.

2. Mail the application form and fee to:
   Maryland State Board of Well Drillers, P.O. Box 2057, Baltimore, MD 21203-2057

3. Prepare for the exam – study:
   a. Well construction regulations, COMAR 26.04.04
   b. Well Driller regulations, COMAR 26.05.01
   c. Study guide

4. You will receive an exam admittance letter from the Board providing:
   a. Scheduled exam date
   b. Location the exam is to be given
   c. Time the exam starts

5. On exam day bring with you:
   a. Photo ID
   b. Copy of the exam admittance letter
   c. Do not bring your cell phone

6. After the exam you will receive a letter notifying you of your score and information on how to obtain your license or take the exam again:
   a. If you pass with a score of 70% or above, follow the instructions in the letter to pay the licensing fee within 90 days of receipt of letter receive your license.
   b. If you receive a score of less than 70% once, follow the instructions in the letter to be scheduled to take the exam again.
   c. If you receive a score of less than 70% a second time, follow the instructions in the letter, get 20 Board-approved credit hours of continuing education and submit a new application.

Forms, regulations and study guides are posted on the Board homepage:
http://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/boardofwelldrillers.aspx
APPLICATION FOR LICENSE EXAMINATION

The fee is $75.00 and must accompany this application. An incomplete application will be returned to the applicant. Make check or money order payable to the Maryland State Board of Well Drillers. Return application and fee to: Maryland Department of the Environment, PO Box 2057, Baltimore, MD 21203

I. PERSONAL INFORMATION:

Legal Name: ___________________________________________ SSN: __________________

Preferred Name: ___________________________________________

Fill out both addresses and check the one you want communications from the Board to be sent:

☐ Home Address: ___________________________________________
   City: ___________________________________________ State: __________ Zip Code: __________

☐ Work Address: ___________________________________________
   City: ___________________________________________ State: __________ Zip Code: __________

Home phone #: __________________________ Business phone #: __________________________ (if different)
Mobile Phone #: __________________________
Email Address: __________________________ Date of Birth: __________

II. CLASS AND CATEGORY OF LICENSE APPLYING FOR (CHECK BELOW):

**Attach certificate of OSHA hazardous waste or monitoring site operations training.

<table>
<thead>
<tr>
<th>Class (Exam applying for)</th>
<th>Category -For Journeyman and Master Well Driller ONLY</th>
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<tbody>
<tr>
<td>☐ Master Well Driller</td>
<td>☐ General** ☐ Geotechnical** ☐ Water Supply</td>
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<tr>
<td>☐ Journeyman Well Driller</td>
<td>☐ General** ☐ Geotechnical** ☐ Water Supply</td>
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<tr>
<td>☐ Apprentice Well Driller</td>
<td>☐ General** ☐ Geotechnical** ☐ Water Supply</td>
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<tr>
<td>☐ Apprentice Pump Installer</td>
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<td>☐ Pump Installer</td>
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<tr>
<td>☐ Apprentice Water Conditioner Installer</td>
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<td>☐ Water Conditioner Installer</td>
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</table>
### III. CURRENT LICENSES (if applicable):

<table>
<thead>
<tr>
<th>License Type</th>
<th>License # / Date of Expiration</th>
<th>Issuing State</th>
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If your license(s) is/are from a state other than Maryland, attach a copy.

Provide information if a previous license was revoked, canceled, or suspended:

License #: ____________________________ Issuing State:_________ _________

Reason for revocations, cancellation, or suspension:

_________________________________________________________________________________________

_________________________________________________________________________________________

### IV. CURRENT EMPLOYMENT INFORMATION:

Employer’s Name: __________________________________ Telephone #: ________________________

Company Website: ________________________________

### V. EDUCATION:

At the discretion of the Board, education in engineering, science, hydrogeology, well technology, water pump technology, or water conditioning technology may be substituted for up to two years experience.

☐ Check if you have taken courses or have a degree which you would like the Board to evaluate and attach documentation

### VI. WORK EXPERIENCE:

Start date of working in well drilling profession: ________________________ (MM/YYYY)

- The term “well drilling” includes the following: Making, altering, repairing, or sealing a well, installing, altering, repairing, or disconnecting well system equipment.

- The term “well system equipment” includes equipment necessary to draw or purify water from a well, including casing, grout, screen, water tank, water pump, or water conditioning equipment.

COMAR 26.05.01.01B

If employment has not been continuous since start date, explain any breaks below:

_________________________________________________________________________________________

List Counties in Maryland or other states where you have well drilling experience, attach additional pages if necessary:

_____________________   _____________________   ______________ _______

_____________________   _____________________   ______________ _______
List ten (10) locations where you have installed or assisted installation of wells or well system equipment within the past 3 years:

<table>
<thead>
<tr>
<th>Permit No. or Description of Location including County and State</th>
<th>Type of Well or Well System Equipment Installed</th>
<th>Completion Date</th>
<th>Type of Rig or Equipment Used (if applicable)</th>
<th>What was your position at this location (eg. Helper)</th>
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</table>
**VII. EMPLOYMENT HISTORY:**

Describe your work experience. Specify time spent helping versus drilling, or installing well system equipment.

<table>
<thead>
<tr>
<th>Employment Dates From – To</th>
<th>Job Title or description of duties</th>
<th>Name and Address of the Employer, Name and License Number of Licensed Supervisor</th>
<th>Types of Wells or Well System Equipment Installed</th>
<th>Types of Equipment Used</th>
<th>Estimated # of wells or well system equipment installed or helped installed</th>
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VIII. REFERENCES:

If your experience is in the state of Maryland:
Attach at least one letter of reference from a Master Well Driller, Pump Installer, or Water Conditioner Installer licensed in Maryland or equivalent level of skill outside of state. Letters of recommendation must include:
1. Description of relationship to applicant
2. Length of time the reference has known applicant
3. A statement of applicant’s quality of work and personal/professional integrity
4. Name, mailing address, phone number, and license number (if applicable) of reference

If your experience is outside the state of Maryland: Provide the following information for a governing or regulatory agency that can attest to the nature and duration of your work experience while practicing well drilling in their State or County. Attach any additional contact information if necessary.

<table>
<thead>
<tr>
<th>Contact Name and Name of Agency</th>
<th>Telephone #</th>
<th>Address (Street, City, State, Zip Code)</th>
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IX. APPLICANT’S STATEMENT:
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. 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.

_________________________________       ________________________
(Applicant’s Signature)            (Date)

AFFIDAVIT

State of _________________________
County of _________________________

Subscribed and sworn to before me this ___ day of ______________, 20___.

(Seal)

_________________________________       ________________________
(Notary Public)                     (State of Maryland)

Expiration of Commission: ___________
AGREEMENT TO SUPERVISE TRAINING AND WORK PERFORMANCE
New Application
For Apprentice and Journeyman Applicants

Applicant’s Name __________________________________________

Applicant’s License Number (if applicable)________________________

To be Filled out by the Applicant’s Sponsor:

I am currently licensed by the Maryland Board of Well Drillers and am actively practicing well drilling as a:

_____ Master Well Driller

_____ Pump Installer           License No:______________

_____ Water Conditioner Installer

Both the applicant named above and I are currently employed by _______________________________.

(Company Name)

As the Sponsor of the applicant named above, I agree to and pledge cooperation in the following:

1. That during the course of my sponsorship, the applicant will be provided 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 this applicant holds.

2. That all practice of well drilling done by the applicant shall be in accordance with all applicable regulations, and shall be covered by my bond and the liability insurance of the Company.

3. That I will make every effort to provide the applicant, during the course of my sponsorship, with the opportunity to obtain training and experience in the practice of well drilling.

4. That written reports on the renewal 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.

_________________________   _____________________________
(Print Name of Sponsor)       (Signature of Sponsor)

_________________________   _____________________________
(Signature of Company Official) (Title of Company Official)

Date: ______________________

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Revised: 9/19