



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

Jessica Bishop, Clerk  
 (207) 287-5699 (voice)  
 (207) 287-4172 (fax)

**JOURNEYMAN WELL DRILLER 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 Well Driller under the direct supervision of a licensed Master or Journeyman Well Driller 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 Well Driller 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 Well Driller.** 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.
- Copies of licenses held by persons completing references both from Maine or out of state.

**Applications lacking any of the above if applicable will be returned.**

**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 Chapters 7, 8, 10 & 11 of “Groundwater and Wells” by Fletcher G. Driscoll, 3rd Edition, and the Well Drillers and Pump Installers Rules, 144A CMR 232. This book can be purchased through the National Ground Water Association, call 1-800-551-7379. It is also available at the libraries at the University of Maine, Orono, and the University of Southern Maine. 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 Well Driller under the direct supervision of a Master or Journeyman Well Driller or as a driller 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<br>(if required)                                      | Employer #3<br>(if required)                                      |
|---|---|---|
| Name:   | Name:   | Name:   |
| Address:  | Address:  | Address:  |
| Installer Name: _____<br>Pump Installers License<br>Number: _____ | Installer Name: _____<br>Pump Installers License<br>Number: _____ | Installer Name: _____<br>Pump Installers License<br>Number: _____ |
| Phone #:  | Phone #:  | Phone #:  |
| Dates Employed Installing Pumps:<br>From _____<br>To _____        | Dates Employed Installing Pumps:<br>From _____<br>To _____        | Dates Employed Installing Pumps:<br>From _____<br>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: \_\_\_\_\_