

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 applicant?

Employer Supervisor Co-Worker

Other (specify) _____

How long have you known the applicant and in what capacity?

What is your knowledge of applicant's professional ability in well drilling and/or pump installation?

Well Drilling _____% Pump Installation _____%

Have you accompanied the applicant in field work? 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 _____