MARYLAND STATE BOARD OF WELL DRILLERS
P.O. Box 2057, Baltimore, MD 21203
410-537-4466 • 1-800-633-6101 x 4466• TTY Users: 1-800-735-2258

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.
    c. Letter of Recommendation from a licensed Maryland Master Well Driller, Pump Installer, or Water Conditioner Installer.
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

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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.

Class (Exam applying for)	Category -For Journeyman and Master Well Driller ONLY
☐ Master Well Driller	☐ General** ☐ Geotechnical** ☐ Water Supply
☐ Journeyman Well Driller	☐ General** ☐ Geotechnical** ☐ Water Supply
☐ Apprentice Well Driller	
☐ Apprentice Pump Installer	
☐ Pump Installer	
☐ Apprentice Water Conditioner Installer	
☐ Water Conditioner Installer	

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III. CURRENT LICENSES (if applicable):

License Type	License # / Date of Expiration	Issuing State

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:

Permit No. or Description of Location including County and State	Type of Well or Well System Equipment Installed	Completion Date	Type of Rig or Equipment Used (if applicable)	What was your position at this location (eg. Helper)

VII. EMPLOYMENT HISTORY:

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

Employment Dates From – To	Job Title or description of duties	Name and Address of the Employer, Name and License Number of Licensed Supervisor	Types of Wells or Well System Equipment Installed	Types of Equipment Used	Estimated # of wells or well system equipment installed or helped installed

VIII. REFERENCES:

Required by all drillers (in state or out of state):
Attach at least **one** letter of reference from a Master Well Driller, Pump Installer, or Water Conditioner Installer licensed in Maryland. Letters of recommendation must include:

1. A 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.

Contact Name and Name of Agency	Telephone #	Address (Street, City, State, Zip Code)

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)

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, <u>in writing</u>, within 10 days after termination.**

_____ _____
(Print Name of Sponsor) (Signature of Sponsor)

_____ _____
(Signature of Company Official) (Title of Company Official)

Date: _____