Reset Form

REFERENCE STATEMENT FOR WATER WELL DRILLING OR PUMP INSTALLER LICENSE

State Form 42143 (R / 11-10)

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 W. Washington St., Room W264
Indianapolis, IN 46204

Mail the completed statement to the address above.

To qualify for an Indiana water well driller or pump installer license, an applicant must be at least eighteen (18) years of age, successfully complete the competency exam, and provide three (3) **reference statements** to the Division of Water. At least two of the statements must be from licensed water well drillers, licensed pump installers, or licensed plumbing contractors familiar with the applicant's work experience and professional competency (*IC 25-39-3-3*). An applicant may *not* act as his or her own reference.

Name of Applicant _____

Street Address or Box Number _____

City, State and ZIP code _____

1. I have known the applicant for _____ years.

2. My knowledge of the applicant's work history as it relates to: well drilling_____ or pump installation_____

Please
Describe_____

_____

_____

3. My general evaluation of the applicant's professional competency—

_____

_____

_____

I hereby swear or affirm under the penalties for perjury that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

_____ *Signature of Reference*

_____ *Occupation*

_____ *Printed Name of Reference*

_____ *License Number (well driller, plumber, pump installer)*

_____ *Street Address or Box No.*

_____ *Telephone Number*

_____ *City, State and ZIP code*

_____ *Date of Statement (month, day, year)*