



APPLICATION FOR WATER WELL PUMP INSTALLER LICENSE

State Form 54439 (11-10)
Approved by State Board of Accounts, 2010

Return to:
INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 W. Washington St., Room W264
Indianapolis, IN 46204-2641

The provisions of IC 25-39 require anyone who engages in the installation or repair of water well pumps in Indiana to have a valid Indiana Water Well Pump Installer License. To qualify for an Indiana well driller or pump installer license, an applicant must be at least eighteen (18) years of age, successfully complete a competency examination, and provide three 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).

Full Name: _____
(First) (Middle) (Last)

Address of Business: _____
(Street or Rural Route)

(City) (State) (Zip)

Office Telephone Number: _____ Email Address: _____
(Include area code)

Date of Birth: _____
(month, day, year)

Type(s) of Pump Installation Equipment Installed: _____

Number of Years as a Pump Installer: _____

Employment History (as a pump installer):

Name of Company	Address of Company	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

The annual fee for a pump installer license is one hundred dollars (\$100) for a calendar year. Please make your check or money order payable to the DEPARTMENT OF NATURAL RESOURCES (or simply DNR).

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: _____ Date (month, day, year): _____

Name of Company: _____

Note: An application for an original license is not complete until three (3) reference statements are completed and received by the Division of Water.

FOR ADMINISTRATIVE USE ONLY

Date Application Was Received: _____ Application Number: _____

License Number Issued: _____ Issued By: _____