



APPLICATION FOR WATER WELL PUMP INSTALLER EXAMINATION

State Form 54441 (11-10)
Approved by State Board of Accounts, 2010

Administered by:
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 of water well pumps in Indiana to have a valid Indiana Water Well Pump Installer License. To qualify for an original license an individual must be at least eighteen (18) years of age, submit an application and three (3) statements of reference (two of which are from licensed water well drillers, water well pump installers, or plumbers), and score at least seventy (70) percent on a competency examination prepared and administered by the Department of Natural Resources.

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

Name of Business/Company: _____

Address of Business: _____
(Street or Rural Route)

(City) (State) (ZIP Code)

Telephone Number of Office: _____
(Include area code)

Home Telephone Number: _____ Date of Birth: _____
(Include area code) (month, day, year)

The fee for each exam is \$25.00. Exam fees for candidates from one company may be combined as a single payment. 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 of perjury that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

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

FOR ADMINISTRATIVE USE ONLY

Exam Score: _____ Missed _____ Percent Date of Exam: _____

REC'D: Lic. Appl. _____ References _____ Lic. Fee _____ Called: _____

License Number Issued: _____ Exam Fee Receipt Number: _____

Date of License Issue: _____ License Fee Receipt Number: _____

DRIV. LIC./ ID: