

MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. Box 2057 ● Baltimore Maryland 21203-2057
(800) 633-6101 Ext 4466 ● http://www.mde.state.md.us

(410) 537-4466

STATE BOARD OF WELL DRILLERS

(410) 537-3168 (FAX)

APPLICATION FOR LICENSE REACTIVATION

PLEASE TYPE/PRINT ALL INFORMATION

LICENSE NUMBER: _____

Applicant's (First Name) (Middle Name/Initial) (Last Name)

Mailing Address: (Street/R.F.D.)

Street Address: (If different from above)

(City) (County) (State) (Zip Code)

Please answer "yes" or "no" to all questions asked below and attach a written explanation for any "yes" answer. Answering "yes" to a question will not necessarily cause the Board to reject your application.

- 1. Have you been disciplined or found in violation by a licensing or disciplinary authority of any state or county, or been convicted or disciplined by a court of any state or county, for an act that would be grounds for disciplinary action under COMAR 26.05.04.01?
2. Are there any outstanding complaints, investigations or charges pending against you in any state, by any licensing or disciplinary authority related to the practice of well drilling?
3. Have you been convicted of, or pled guilty or nolo contendere to a drug-related felony committed on or after January 1, 1991 or a crime involving moral turpitude (whether or not any appeal or other proceeding is pending to the conviction or plea set aside)?
4. Have the conditions of your employment been affected by any voluntary or involuntary termination of employment, suspension, or probation for any reason related to your practice of well drilling?
5. Has a claim been brought, settled, or awarded against you for damages related to your practice of well drilling?
6. Have you been disciplined by or found by any court, regulatory, licensing, or disciplinary authority to be professionally incompetent?
7. Have you violated any law, rule or regulation that applies to practicing well drilling after your license expired?



I certify that I have received a copy of the Board's General Regulations - COMAR 26.05.01 through 26.05.04 and that I have read and understand the provisions of the regulations. I have not committed any act, which would be grounds for any disciplinary action against me under the regulations. Any exception to this certification is noted on this application.

I also hereby affirm that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. 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.

(Date)

(Signature of Applicant)

AFFIDAVIT

State of _____)
County of _____) ss.

Subscribed and sworn to before me this ____ day of _____, 20__.

(Seal)

Notary Public

My Commission Expires _____

Employer's Certification

I hereby affirm that _____, who is applying for license reactivation
(Name of Applicant)

is and has been employed by _____ since _____.
(Company) (Date)

(Name of Company Official, Printed)

(Title)

(Signature of Official)

(Date)

(_____) _____ - _____
(Business Telephone Number)



AGREEMENT TO SUPERVISE APPLICANT'S TRAINING and WORK PERFORMANCE

Note: Complete only if the applicant is applying for reactivation of a **Journeyman Well Driller, Well Rig Operator,** or an **Apprentice** license.

I hereby affirm that _____, who is applying for license reactivation
(Name of Applicant)
is and has been employed by _____ since _____.
(Company) (Date)

As a _____ **Master Well Driller** _____ **Water Conditioner Installer** _____ **Pump Installer** licensed in Maryland and the designated sponsor of this applicant, I submit that the applicant is a likely candidate for training and advancement in the practice of well drilling, and I fully endorse this application.

In consideration of this application for license reactivation, I agree to and pledge cooperation in the following:

1. That while employed by the Company, the applicant will be provide 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 sought.
2. That all practice of well drilling done by this applicant shall be in accordance all applicable regulations, and shall be covered by the bond of the designated sponsor and liability insurance of the Company.
3. That I will make every effort to provide the applicant, while an employee of the Company, with the opportunity to obtain additional training and experience in the practice of well drilling.
4. That written reports on the 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, in writing, within 10 days after termination.**

_____ MSBWD License No. _____
(Name of Designated Sponsor, Printed) (6 characters)

(Signature of Sponsor)

(Signature of Applicant)

(Date)

(_____) - _____
(Business Telephone Number)

