



Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225

PUMP INSTALLER LICENSE
Application Form

OLWR-PI-2(4/11)

1. APPLICANT: Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____

2. BUSINESS: Company Name _____
Address _____
City _____ State _____ Zip code _____
Telephone Number _____

3. EXPERIENCE RECORD:

(a) Have you ever been denied a Pump Installer's License or had such license revoked, cancelled, or suspended by any state? ____yes ____no

If you checked yes, provide the details in Block 5 ADDITIONAL

INFORMATION / COMMENTS including the date and reason the action was taken, and the state in which the action was taken.

(b) How many years have you been installing and servicing water well pumps? _____

(c) How many pumps have you installed in the past three (3) years? _____

(d) Of the number included in 3.(c), how many were for: Home wells _____

Industrial wells ____ Public Water Supply wells _____ Irrigation wells _____

(e) Are you a licensed to install pumps in another state? ____ If so, What state? ____

(Attach a copy of your current license from the state named above to this application.)

(f) Contractors License Number (Certificate of Responsibility)

Applicants for water well contractors, pump installers and geothermal drillers licensing must provide their contractor's license number from the Mississippi Board of Contractors (attach a copy of your current contractors license to this application).

4. REFERENCES:

(a) Provide the names, license numbers, licensing state, and contact information for at least one (1) but not more than three (3) licensed drillers who have either supervised your work and/or have first hand knowledge of your qualifications and experience in the field for which you are seeking a license.

Name _____ Lic. No. _____ Licensing State _____

Address _____ Telephone No. _____

City _____ State _____ Zip Code _____

Name _____ Lic. No. _____ Licensing State _____

Address _____ Telephone No. _____

City _____ State ____ Zip Code _____

Name _____ Lic. No. _____ Licensing State ____

Address _____ Telephone No. _____

City _____ State ____ Zip Code _____

(b) Provide the names and contact information of two (2) clients, not related to you, for whom you have recently installed a water well pump.

Name _____ Telephone No. _____

Address _____

City _____ State ____ Zip Code _____

Name _____ Telephone No. _____

Address _____

City _____ State ____ Zip Code _____

5. ADDITIONAL INFORMATION / COMMENTS:

7. I hereby certify, under penalty of revocation of any license issued pursuant to this application, that I have the requisite three (3) years experience required to apply and that the information I have provided in this application is true and correct, to the best of my knowledge. I further grant my references authority to provide information regarding my experience and qualifications related to the license I am seeking to the Mississippi Department of Environmental Quality in support of this application.

Signature of Applicant

NOTARY:

STATE OF _____, COUNTY OF _____

THIS DAY, _____ personally came and appeared before the undersigned authority in and for the aforesaid jurisdiction.

SWORN to and subscribed before me on this the _____ day of _____, 20____.

My Commission expires: _____

NOTARY PUBLIC