

New Jersey Department of Environmental Protection
Division of Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting

OFFICE USE ONLY
App. Fee _____
Ch # _____
Date _____
Status (App/Rej) _____
Staff _____
Prev. Exams _____

APPLICATION FOR
NEW JERSEY PUMP INSTALLER LICENSING EXAMINATION
INSTRUCTION SHEET

Enclosed is an application and study material for the New Jersey Pump Installer Licensing Examination.

- In order to qualify for the New Jersey Pump Installer License you **must** have at least one year of experience in pump installation work as of **the signature date of your application.**
- All applicants **must** circle the appropriate test month.
- Applicants who have been approved to take this license exam within the last year are considered to be Pre-approved. Pre-approved candidates are eligible to sit for up to four consecutive testing dates from the date of the original approval. Pre approved candidates are only required to complete Section A-1.
- New applicants **must** attach a copy of their high school diploma or GED certificate to the application.
- New applicants: All applications and your two reference questionnaires, Form , **must** be completely filled out and notarized or your application will be rejected.
- New applications **must** submit a completed application package and a notarized oath (page 4) or your application will be rejected.
- All applicants must submit a non-refundable \$50.00 check made out to the “Treasurer, State of New Jersey” with this completed application and required attachments to the following address:

Mail Code 401-03
NJ DEP
Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting
PO Box 420
Trenton, NJ 08625-0420

Further notice will be sent to you after your application is reviewed and accepted, indicating the date, time and location for your scheduled examination. A location map for the testing center will be included with the notification.

NOTE: NO EXCEPTIONS FOR LATE APPLICATIONS
Applications must be postmarked by the appropriate closing date.

Regularly scheduled examinations will be held during the second or third week of each test month:

Test month	Application deadline	Were you previously approved to take this exam? (Yes or No)	Month/year of pre-approval
April	March 1		Month:
June	May 15		
October	September 1		Year:
December	November 15		

**APPLICATION FOR NEW JERSEY
PUMP INSTALLER LICENSING EXAMINATION**
under the provisions of N.J.S.A. 58:4A-4.1 et seq.

Please Type or Print Clearly

Part A. GENERAL INFORMATION

Section A-1 Contact Information:

Name: _____ Age _____

Address _____
Street, Town, State & Zip Code

Daytime/Work Phone No. (_____) _____ *Social Security No. _____ - _____ - _____

Email address: _____ Current Employer: _____

**The social security number is required of all individuals applying for any license in accordance with Child Support Act (N.J.S.A. 2A:17-56.44e). Failure to provide this information will result in an automatic rejection of your application. Social security numbers are not publicly released.*

Applicant is subject to examination before the New Jersey State Well Drillers and Pump Installers Examining and Advisory Board under the provisions of N.J.S.A. 58:4A-10.

Section A-2 Education:

List any colleges, universities, vocational and/or business schools attended.

NAME & LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED	
		From	To
		From	
		To	
		From	
		To	

Section B. WORK EXPERIENCE (Attach additional sheets if necessary)

Fill in your prior work experience as it relates to pump installation. All applicants must indicate the month, day and year for each employment date listed.

NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	DESCRIBE YOUR DUTIES & RESPONSIBILITIES	DATES EMPLOYED	
		From	To
		From	
		To	
		From	
		To	
		From	
		To	

C. VERIFICATION OF WORK EXPERIENCE

Applicant must provide the names of at least two references who can verify your pump installation work experience listed above in Section B of this application. One of your two references must be either a NJ licensed Master or Journeyman Well Driller, or a NJ licensed Pump Installer. These two references must complete and sign the reference questionnaires, FORM ADM-166P.

NAME	ADDRESS	PHONE NUMBER	N.J. WELL DRILLER/ PUMP INSTALLER REGISTRATION NO. (if applicable)
1.		()	
2.		()	

D. OATH OF APPLICANT

State of _____

County of _____

I, the undersigned applicant, certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Signature of Applicant

Date

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public

(Official Seal)

New Jersey Department of Environmental Protection
Division of Water Supply – Water Supply Permitting Element
Bureau of Water Systems & Well Permitting

PUMP INSTALLER LICENSING EXAMINATION

**REFERENCE QUESTIONNAIRE
AND VERIFICATION OF EXPERIENCE**

PLEASE PRINT

Applicant's Name _____

I. EXPERIENCE QUESTIONNAIRE

1. How many years/months have you supervised the applicant in pump installation activities?

FROM: Month _____ Year _____ TO: Month _____ Year _____

II. NOTARIZED OATH OF REFERENCE

I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.

Name of Reference (Please Print)

Signature of Reference

N.J. Well Driller's/Pump Installer's
Registration # _____
(if applicable)

Sworn to and subscribed
before me this _____ day

of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

New Jersey Department of Environmental Protection
Division of Water Supply – Water Supply Permitting Element
Bureau of Water Systems & Well Permitting

PUMP INSTALLER LICENSING EXAMINATION

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Registration # _____
(if applicable)

Sworn to and subscribed
before me this _____ day

of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

REMINDER

- HAVE YOU INDICATED WHICH TEST MONTH YOU WISH TO TAKE YOUR EXAMINATION?
- HAVE YOU COMPLETED ALL APPROPRIATE SECTIONS OF YOUR APPLICATION?
- HAVE YOU ATTACHED YOUR TWO SIGNED AND NOTARIZED REFERENCE QUESTIONNAIRE FORMS, ADM-166P.
- HAVE YOU SIGNED AND NOTARIZED ALL APPROPRIATE PORTIONS OF YOUR APPLICATION?
- HAVE YOU ATTACHED YOUR NON-REFUNDABLE \$50.00 APPLICATION FEE PAYABLE TO “TREASURER, STATE OF NEW JERSEY”?

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Contact Us If You Have Any Questions:

Web: nj.gov/dep/watersupply/well.htm
Email: wellpermitting@dep.state.nj.us

Phone: 609-984-6831
Fax: 609-633-1231

APRIL 2007

PUMP INSTALLERS' LICENSE

LIST OF SUGGESTED STUDY MATERIAL

“New Jersey Subsurface and Percolating Waters Act (N.J.S.A. 58:4A-4.1 et seq) and implementing regulations”**

“New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq) and implementing regulations”**

**An applicant will be responsible for knowing those portions of the laws and regulations which pertain to the specific license category for which they have applied.

NJ One-Call Information

1-800-272-1000

Web Site: www.nj1-call.org

"Water Systems Handbook 11th Edition", available from

Water Systems Council

National Programs Office

1101 30th Street N.W., Suite 500

Washington, DC 20007

Phone: 888-395-1033

Fax: 301-464-8842

Web Site: www.watersystemscouncil.org

The following two publications are available from:

National Ground Water Association

601 Dempsey Road

Westerville OH 43081-8978

Telephone 1-800-551-7379

Fax 614-898-7786

Web Site: www.ngwa.org

**1. “Groundwater and Wells”, Driscoll (1986)
Johnson Division**

2. “Basic Water Systems: A Pump and Training Manual”