



ADM-166
10/2022

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

APPLICATION FOR NEW JERSEY PUMP INSTALLER LICENSE

The Process:

Once the applicant has completed all necessary National Groundwater Association (NGWA) technical exams, the NJ regulations exam for the appropriate license type and met the appropriate experience requirement, they must fully complete this application, making sure to enclose all necessary documentation, and send it to the address below:

New Jersey Department of Environmental Protection
Division of Water Supply and Geoscience
Bureau of Water Allocation and Well Permitting
Mail Code 401-04Q
PO Box 420
Trenton, New Jersey 08625-0420

Appendix A contains a table which details the certification exams and experience requirements necessary for licensure as a NJ Pump Installer. All pump installer applications must be reviewed by the New Jersey State Well Drillers and Pump Installers Examining and Advisory Board (Board). The Board meets six times per year and has conference calls on the off months to certify license applicants.

Once the Board reviews the applications, a staff member from the New Jersey Department of Environmental Protection (Department) will contact you and notify you of the status of your application.

Scheduling an Exam:

To schedule an exam, visit <https://test-takers.psiexams.com/ngwa>. Click on the View Available Tests button and the list of available exams will be displayed. Click on the exam that you need to take and then click on the Login/Register button to complete the registration process. Exams may also be scheduled by calling PSI at (855) 579-4642.

Additional exam information may be obtained by visiting NGWA's website: <https://www.ngwa.org/advance-your-career/certification/contractor-certification/certification-exams>. **Study material for the technical exam modules (water systems general, water systems greater or less than 100 GPM) is provided on this site. Study material for the NJ regulations exams for each license type may be found at:** https://www.state.nj.us/dep/watersupply/g_boards_le.html.

The exams required for licensure as a NJ Pump Installer are as follows:

- ❖ Water Systems General Exam;
- ❖ NJ Regulations for Pump Installer;
- ❖ **One** of the following:
 - Water Systems <100 gpm, or
 - Water Systems >100 gpm



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APPLICATION FOR NEW JERSEY PUMP INSTALLER LICENSE
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

Last Name: _____ **First Name:** _____

Middle Initial: _____ **Suffix:** _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone No. (____) _____ **Phone Type:** Home Work Cell

Alternate Phone No. (____) _____ **Phone Type:** Home Work Cell

Current Employer: _____

Last 4 Digits of Social Security No. _____ **Email Address:** _____

Applicant is subject to examination before the Board under the provisions of N.J.S.A. 58:4A-10.

Section A-2: Education

This section is for informational purposes only. There are no education requirements listed in N.J.A.C. 7:9D which are needed for licensure as a New Jersey licensed pump installer.

List any high school, college, university, vocational and/or business school attended.

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

Section A-3: Certification Exams

Check all that apply:

- Water Systems General Exam
- Water Systems greater than 100 gpm
- Water Systems less than 100 gpm
- NJ Regulations for Pump Installers

Provide a copy of the exam vendor issued test report results sheet for each certification exam that is checked off.

In accordance with N.J.A.C. 7:9D-1.8(a)3, the New Jersey Regulations for Pump Installer exam module shall have been taken no more than two years prior to submitting this application.



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PART B – DOCUMENTATION OF AND EXPLANATION OF WORK EXPERIENCE (Attach additional sheets if necessary)

Fill in your prior work experience as it relates to the installation or maintenance of well pumping equipment. 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	

List all pertinent information regarding any New Jersey Well Driller/Pump Installer license(s) you currently hold.

Type of N.J. License	N.J. License No.	Date Issued (Mo./Yr.)	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess any out-of-state Well Driller or Pump Installer license(s)? Yes No

If Yes, please list below and attach copy of your license.

State Issued	License Number	Date Issued (Mo./Yr.)	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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PUMP INSTALLING EXPERIENCE (To be completed by all pump installer applicants)

You must list work performed on five well pumps where you have obtained experience during the last five (5) years as of the signature date on the application.

The five listed jobs must correspond to your Reference Questionnaires as described in the instruction sheet later in the application. The names of the New Jersey Licensed Well Drillers/Pump Installers who supervised your work must appear on the submitted Reference Questionnaires.

DATE OF COMPLETED WORK	NJ LICENSED WELL DRILLER/PUMP INSTALLER WHO SUPERVISED YOUR WORK	SERVICE PERFORMED (REPAIR, INSTALLATION, ETC.)	ADDRESS WHERE WORK WAS COMPLETED



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Attach a copy of any of the current NGWA Certification(s) you hold and provide the following information:

NGWA Certification No.	Category(s)
_____	_____

PART C – VERIFICATION OF WORK EXPERIENCE AND REFERENCE QUESTIONNAIRES

For the five well pumps that you worked on and listed in Part B, include any applicable documentation, such as invoices, which verify your work experience. This documentation can be redacted, or crossed out, to remove the property owner name as well as any financial details. Additional verification of work experience can come in the form of tax records, copies of out-of-state licenses, company registrations, or W-2 forms.

Please list the names and pertinent information of the two references who will verify your work experience on well pumping equipment listed above in Part B of this application. Each of these two references must complete and notarize a Reference Questionnaire or your application will be rejected. **You may need to add additional references to cover the minimum number of required years of experience if you have either changed employers or worked under the supervision of multiple licensed well drillers and/or pump installers.**

New Jersey Experienced Applicants Only: One of your two references must be a New Jersey licensed Well Driller or Pump Installer, who was adequately licensed to supervise the work that you completed.

NAME	ADDRESS	PHONE NUMBER	N.J. WELL DRILLER/PUMP INSTALLER LICENSE # (if applicable)



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PART D – OATH OF APPLICANT

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 and Geoscience
Bureau of Water Allocation and Well Permitting

**INSTRUCTIONS FOR COMPLETING THE
REFERENCE QUESTIONNAIRE AND VERIFICATION OF
PUMP INSTALLATION EXPERIENCE**

1. A minimum of two (2) years of supervised experience in pump installation and/or maintenance is necessary to qualify for the Pump Installers license. More than one reference questionnaire signed and certified by a licensed well driller of the proper class or licensed pump installer may be necessary to cover the minimum required experience. If you have worked for more than one licensed person, check to make sure the number of months reported by the reference in the table equal the total number of years and months reported at the bottom of the page.
2. You may include a separate letter from one of the listed references that further describes your work experience in addition to the required Reference Questionnaire Form. While attaching this letter is optional, you may choose to do so to expand upon or clarify any information related to your work experience.

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New Jersey Department of Environmental Protection
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Bureau of Water Allocation and Well Permitting

REFERENCE QUESTIONNAIRE AND VERIFICATION OF EXPERIENCE

(Note to applicants: each reference may attach a separate letter describing periods of supervised work provided this form is completed and notarized)

Please type or print clearly

Applicant's Name _____

Section A: Work Experience

1. State the start and end dates by month and year that you have supervised or worked with the applicant. If you supervised or worked with the applicant **intermittently** (such as periods of time when the applicant worked seasonally, work period was interrupted for military leave or school, worked for another employer or other), use a separate line for each period work.

From (specify year/month)	To (specify year/month)	Total Months Supervised

2. State the total years and months you have supervised or worked with the applicant in pump installation/maintenance activities based on the information reported in the table above:

Years: _____

Months: _____

3. List the pump installation work for which you have supervised or worked with the applicant.

Please list as follows:

Date of Completed Work	Service Performed	Address Where Work Was Completed	Owner Name

A **total** of five (5) examples of pump installation work must be listed between all combined reference questionnaires.

Section B: 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 License # or N.J. Pump
Installer License # (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 and Geoscience
Bureau of Water Allocation and Well Permitting

REFERENCE QUESTIONNAIRE AND VERIFICATION OF EXPERIENCE

(Note to applicants: each reference may attach a separate letter describing periods of supervised work provided this form is completed and notarized)

Please type or print clearly

Applicant's Name _____

Section A: Work Experience

1. State the start and end dates by month and year that you have supervised or worked with the applicant. If you supervised or worked with the applicant **intermittently** (such as periods of time when the applicant worked seasonally, work period was interrupted for military leave or school, worked for another employer or other), use a separate line for each period work.

From (specify year/month)	To (specify year/month)	Total Months Supervised

2. State the total years and months have you supervised or worked with the applicant in pump installation/maintenance activities based on the information reported in the table above:

Years: _____

Months: _____

3. List the pump installation work for which you have supervised or worked with the applicant.

Please list as follows:

Date of Completed Work	Service Performed	Address Where Work Was Completed	Owner Name

A **total** of five (5) examples of pump installation work must be listed between all combined reference questionnaires.

Section B: 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 License # or N.J. Pump
Installer License # (if applicable)

Sworn to and subscribed
before me this _____ day
of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

Appendix A

Table 1

License Type	Required Proficiency as Demonstrated by Certification Exams	Required Experience
Pump Installer	❖ Water Systems General Exam; ❖ One of the following: <ul style="list-style-type: none">• Water Systems <100 gpm, or• Water Systems >100 gpm; ❖ NJ Regulations for Pump Installer.	Two years experience under the supervision of Pump Installer, Journeyman, Journeyman (Class B), or Master well driller.

Appendix B

This checklist is meant to give the applicant a clear idea of the requirements for licensure. This checklist is only for the applicant and **does not** need to be sent in with the completed application.

I. Exams

A. Water Systems General Exam

Date Completed: _____

Attached Copy of Score Sheet:

B. One of the following exams are required

i. Water Systems < 100 gpm

Date Completed: _____

Attached Copy of Score Sheet:

ii. Water Systems > 100 gpm

Date Completed: _____

Attached Copy of Score Sheet:

C. NJ Regulations for Pump Installers

Date Completed: _____

Attached Copy of Score Sheet:

II. Experience

A. 2 years of experience (with appropriate supervision)

From: _____ To: _____

III. References

A. Are two references attached?

i. Name of Reference: _____

Is the reference material attached?

ii. Name of Reference: _____

Is the reference material attached?