

**Board for Contractors**  
**CERTIFIED WATER WELL SYSTEM PROVIDER APPLICATION**  
**Fee \$150.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

Select the one method you are requesting for licensure:

License Type	Examination	Grandfathering
Master	<input type="checkbox"/> 1005	<input type="checkbox"/> 1022
Journeyman	<input type="checkbox"/> 1006	<input type="checkbox"/> 1027
Trainee	<input type="checkbox"/> 1007	<input type="checkbox"/> 1032

➤ Do you hold a current or expired Water Well System Provider certification issued the Virginia Board for Contractors?

No ☐

Yes ☐ If yes, select certification(s) held and provide your Virginia certification number.

☐ Trainee, ☐ Journeyman or ☐ Master

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1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

**Required Documentation:** Provide a copy of your government issued ID. Copy must be legible.

2. Provide at least one of the following identification numbers\*:

☐ **Social Security Number** and/or

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☐ **Virginia** DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth (Must be at least 18 years of age.)

MM/DD/YYYY

4. Maiden or Former Name(s)

5. Mailing Address (PO Box accepted)

The mailing address will be  
printed on the license.

City State Zip Code

6. Street Address (PO Box not accepted)

**PHYSICAL ADDRESS REQUIRED**

☐ Check here if Street Address is the same as the Mailing Address listed above.

City State Zip Code

BOARD USE ONLY	ETS					
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					2719	

## 7. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

## 8. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

## 9. Employer's Name

Employer's Virginia Contractor's License No. (if available)

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Employer's Street Address

City

State

Zip Code

10. Do you hold a current Water Well System Provider license, certification or registration issued by any (outside of Virginia) state or territory of the United States? This may be used to qualify you for the Virginia examination.No ☐Yes ☐ If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing ♦ if you want this to be used to qualify you for the exam.

State/Jurisdiction	Examination Yes (Y) or No (N)	Examination Date (if applicable)	License, Certification or Registration No.	Expiration Date

♦ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

## 11. Have you been actively and continuously engaged in water well construction activities immediately prior to July 1, 2007? This information may qualify you for an exemption from the examination as provided in §54.1-1130.B of the Code of Virginia.

No ☐Yes ☐ If yes, Indicate the number of years of experience in water well construction activities on or before July 1, 2007 and attach verification of your experience selected:☐ One year of experience in water well construction activities for **trainee** certification. ♦ (1032)☐ Three years of experience in water well construction activities for **journeyman** certification. ♦ (1027)☐ Six years of experience in water well construction activities for **master** certification. ♦ (1022)

♦ You must have been employed by a properly licensed water well contractor during this period of active and continuous engagement in water well construction activities. If you were employed by an out-of-state contractor that is not licensed in Virginia, you must submit a letter of good standing for the **employer's** water well contractor's license.

**Required Attachment:** Attach a completed Individual Experience Verification Form.

(Skip to question #15)

12. Are you applying for the **Trainee** Water Well Systems Provider examination?No ☐Yes ☐ If yes, provide verification of at least one year of practical experience in the trade under the supervision of a certified master water well systems provider for **trainee** certification.**Required Attachment:** Attach a completed Individual Experience Verification Form.

13. Are you applying for the **Journeyman** Water Well Systems Provider examination?

No ☐

Yes ☐ If yes, provide verification of at least three years of practical experience in the trade under the supervision of a certified master water well systems provider and 24 hours of formal vocational training in the trade for **journeyman** certification.

**Required attachments:** Attach a completed Individual Experience Verification Form and certification(s) of completion or official transcript(s).

14. Are you applying for the **Master** Water Well Systems Provider examination?

No ☐

Yes ☐ If yes, provide verification of at least six years of practical experience in the trade under the supervision of a certified master water well systems provider and 48 hours of formal vocational training in the trade for **master** certification.

**Required attachments:** Attach a completed Individual Experience Verification Form and certification(s) of completion or official transcript(s).

15. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

16. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

**Provide signature on the following page.**

17. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11, of the *Code of Virginia* and the *Virginia Board for Contractors Individual License and Certification Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_