



Good Life. Great Resources.

DEPT. OF ENVIRONMENT AND ENERGY

Water Well Standards Program
245 Fallbrook Blvd
PO Box 98922
Lincoln, NE 68509
(402) 471-0546/fax: (402) 471-2909

License # \_\_\_\_\_
(office use only)

APPLICATION FOR LICENSE

PLEASE NOTE: AN EXAM APPLICATION MUST BE SUBMITTED AND ALL EXAMS PASSED BEFORE FILLING OUT THIS APPLICATION FOR LICENSING

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee is waived.

- 1. Young Worker: You are between the ages of 19 and 25 (under the age of 26).
2. Low-Income Individual: You are enrolled in a state or federal public assistance program such as the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program OR your household adjusted gross income is below 130% of the federal income poverty guideline. Documentation may be requested by the Department.
3. Military Family: You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. Documentation may be requested by the Department.
4. Current licensees holding a Supervisor license wishing to upgrade to a contractor's license may do so at no additional cost by submitting an Application for License and providing COI of \$100,000.

SECTION A - License Category
All licenses expire December 31 of even number years
Water Well License
Check all categories that apply
Natural Resource Ground Water Technician
Pump Installation Contractor
Pump Installation Supervisor
Water Well Monitoring Technician
Well Drilling Contractor
Well Drilling Supervisor
Waiver:
Young Worker-YW
Low Income-LI
Military-MIL
Upgrade to Contractor License #
\$150 Total licensing fee applies.
No fees assessed on waivers.
\*\* \$37.50 prorated fees apply for licensing from July through December on even numbered years \*\*

SECTION B -Personal Information
NOTE: All mailings from this office will be sent to the address you indicate below. If you change your address, you must inform this office.
1. Legal Name: First: Middle/MI: Last:
2. Residence Address: Street/PO/Route: City: State: Zip:
3. Home Phone: Cell phone:
4. E-mail Address:

**SECTION C- Business Information**-Identify the business with which you will be engaged in construction of water wells and/or installation of pumps and pumping equipment and/or water well monitoring, including Natural Resources Districts.

1.	Business or Employer Name:		
2.	Mailing Address:	Street/PO/Route:	
		City:	State:
3.	Telephone Number:	E-mail Address:	

**SECTION D-Other State Licensing**

1.	Are you licensed in any other state?	Yes	NO
2.	If yes, what state(s) are you licensed in?	Provide license # for each state license held	Is your license in good standing?

**SECTION E- Insurance (Contractors only need to complete this section.)**

1.	Amount of Public Liability and Property Damage Insurance carried:	Expiration date:
<b>Attach proof of current insurance from your insurance carrier!</b>		

**SECTION F – ATTESTATION**

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

Please check the appropriate box below:

I am a citizen of the United States; or

I am qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows: \_\_\_\_\_ I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

Print Name: \_\_\_\_\_  
(first, middle, last)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Incomplete applications will be returned. Documentation to be submitted with this application:
- (A) **Contractors only:** Character Reference Questionnaires: **Two required. Must be a Licensed Individual in the Profession or Industry Member –cannot be related to the applicant**
  - (B) **Contractors only:** Commercial Liability Insurance
  - (C) Payment of license application fee (check or money order payable to the Department of Environment and Energy) Do not send cash. To register online: go to <http://dee.ne.gov>, you will need a credit or debit card.

**CONTRACTOR CHARACTER REFERENCE QUESTIONNAIRE FOR:**

Water Well Standards Program  
245 Fallbrook Blvd  
PO Box 98922  
Lincoln, NE 68509  
(402) 471-0546/ fax: (402) 471-2909

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Answer each question accurately so that we may ascertain the applicant's character for the Water Well Standards Contractor's license.

- 1. I have known the applicant for \_\_\_\_\_ years.
- 2. Are you related to the applicant? No \_\_\_\_\_ Yes \_\_\_\_\_
- 3. What is the nature of your acquaintance, relationship, or association?

\_\_\_\_\_  
\_\_\_\_\_

- 4. From personal knowledge, I know that his/her business reputation is

\_\_\_\_\_

- 5. What is your opinion of the applicant's personal character, honesty, and reliability?

\_\_\_\_\_  
\_\_\_\_\_

- 6. Do you consider the applicant to be a qualified and experienced water well driller/pump installer?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

Please comment on the applicant's ability and qualifications to construct water wells/pump installation.

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true to the best of my knowledge and belief.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)