



Good Life. Great Resources.

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Water Well Standards Program
245 Fallbrook Blvd. Ste 100
Lincoln, NE 68521
(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 a Certificate of Insurance (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		<input checked="checked" type="checkbox"/>	Waiver:
Natural Resource Ground Water Technician	<input type="checkbox"/>		Young Worker-YW <input type="checkbox"/>
Pump Installation Contractor	<input type="checkbox"/>		Low Income-LI <input type="checkbox"/>
Pump Installation Supervisor	<input type="checkbox"/>		Military-MIL <input type="checkbox"/>
Water Well Monitoring Technician	<input type="checkbox"/>		Upgrade to Contractor License # _____ <input type="checkbox"/>
Well Drilling Contractor	<input type="checkbox"/>		
Well Drilling Supervisor	<input type="checkbox"/>		
\$150 Total licensing fee applies to all licenses. 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 advise 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 the 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:	Zip:
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:
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Attach proof of current insurance from your insurance carrier!

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 Water, Energy, and Environment (DWEE)) Do not send cash. To register online: go to <https://dee.nebraska.gov>, you will need a credit or debit card.

Revised July 2025

WAT310

CONTRACTOR CHARACTER REFERENCE QUESTIONNAIRE FOR:

Water Well Standards Program
245 Fallbrook Blvd., Ste 100
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 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? Yes _____ No _____.
Please comment on the applicant's ability and qualifications to construct water wells.

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

(Print Name)

(License number and State)

(Signature)

(Address, City, State, Zip)

Date _____