



Paul LePage  
GOVERNOR

**STATE OF MAINE**  
**Maine Well Driller's Commission**  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
286 Water Street, 3<sup>rd</sup> Floor  
#11 State House Station  
Augusta, ME 04333-0011  
Tel (207) 287-5699 Fax (207) 287-4172

**APPRENTICE PUMP INSTALLER REGISTRATION APPLICATION**

I, \_\_\_\_\_, in accordance with 32 MRSA § 4700-E hereby apply for an Apprentice Well Pump Installers registration. "Pump installer" means a person, firm or corporation that performs the installation, replacement or repair of a pump in a well. The registration of a pump installer under this chapter must specify the name of the person registered. In case of a corporation, the person registered as a pump installer must be an employee of the corporation or an officer of the corporation. *A person who is licensed under chapter 49 as a master plumber is not required to register with commission as a pump installer.*

**PLEASE TYPE OR PRINT**

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

Name of Applicant: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Pump Installation/Company Name: \_\_\_\_\_

Direct supervision: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Apprentice Pump Installation Licensing Fee: \$0.00

Select mailing address for sending License and notices/correspondence:  Home -or-  Business

[www.medwp.com](http://www.medwp.com)