



Paul LePage
GOVERNOR

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

APPRENTICE WELL DRILLER REGISTRATION APPLICATION

I, _____, in accordance with 32MSRS § 4700 I sub-§2.A, hereby apply for an Apprentice Well Driller registration. "Well Driller" is a person engaged to work at, and learn the trade of, well drilling, under the **direct supervision*** of a Master or Journeyman Well Driller.

***The licensee must be associated with a well drilling company.*

PLEASE TYPE OR PRINT

Date: _____

Name of Applicant: _____

Physical address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home/Cell phone: _____ Business phone: _____

Date of birth: _____

**Well Drilling Company Name: _____

*Master or Journeyman Well Driller's Name (direct supervision): _____

Physical address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Business phone: _____

Federal ID#: _____

Apprentice Well Driller Licensing Fee: \$0.00

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