

New Jersey Department of Environmental Protection
General Services
Examinations & Licensing Unit

OFFICE USE ONLY	
App. Fee	_____
RA	_____
Date	_____
Initial Lic. Fee	_____
RA	_____
Date	_____

**APPLICATION FOR
NEW JERSEY PUMP INSTALLER LICENSING EXAMINATION**

INSTRUCTION SHEET

Enclosed is an application and study material for the New Jersey Pump Installer Licensing Examination.

- All applicants **must** circle the appropriate test month.
- All applicants **must** attach a copy of their high school diploma or GED certificate to the application.
- All applications and your two reference questionnaires, Form ADM-166P, **must** be completely filled out and notarized or your application will be rejected.
- In order to qualify for the New Jersey Pump Installer License you **must** have at least one year of experience in pump installation work as of **the signature date of your application.**

A non-refundable \$50.00 check made out to the “Treasurer, State of New Jersey” should be enclosed with the application and the completed package sent to the following address:

New Jersey Department of Environmental Protection
Examinations & Licensing Unit
PO Box 441
Trenton, New Jersey 08625-0441

Further notice will be sent to you after your application is reviewed and accepted, indicating the date, time and location for your scheduled examination. A location map for the testing center will be included with the notification.

NOTE: NO EXCEPTIONS FOR LATE APPLICATIONS
Applications must be postmarked by the appropriate closing date.

Regularly scheduled examinations will be held during the second or third week of each test month:

	<u>TEST MONTH</u>	<u>APPLICATION CLOSING DATE</u>
(Please circle the appropriate month you wish to be tested →	June	May 1
	December	November 1

**APPLICATION FOR
NEW JERSEY PUMP INSTALLER'S LICENSING EXAMINATION**
under the provisions of N.J.S.A. 58:4A-4.1 et seq.

PLEASE TYPE OR PRINT

A. GENERAL INFORMATION

Name _____ Age _____

Address _____
Street, Town, State & Zip Code

Daytime/Work Phone No. (____) _____ *Social Security No. ____-____-____

**The social security number is required of all individuals applying for any license in accordance with Child Support Act (N.J.S.A. 2A:17-56.44e). Failure to provide this information will result in an automatic rejection of your application.*

Applicant is subject to examination before the New Jersey State Well Drillers and Pump Installers Examining and Advisory Board under the provisions of N.J.S.A. 58:4A-10.

Did you graduate from high school or possess
a high school equivalency certificate? Yes No Year Graduated/GED obtained _____

A copy of your high school diploma or GED certificate must be attached to your application or it will be rejected. List any colleges, universities, vocational and/or business schools attended.

NAME & LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED	
		From	To
		From	
		To	
		From	
		To	

B. WELL PUMP INSTALLATION WORK EXPERIENCE (Attach additional sheets if necessary)

Fill in your prior work experience in pump installing. All applicants must indicate the month, day and year for each employment date(s) listed.

NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	DESCRIBE YOUR DUTIES & RESPONSIBILITIES	DATES EMPLOYED	
		From	To
		From	
		To	
		From	
		To	
		From	
		To	

C. VERIFICATION OF WORK EXPERIENCE

Applicant must provide the names of at least two references who can verify your pump installation work experience listed above in Section B of this application. One of your two references must be either a NJ licensed Master or Journeyman Well Driller, or a NJ licensed Pump Installer. These two references must complete and sign the reference questionnaires, FORM ADM-166P.

NAME	ADDRESS	PHONE NUMBER	N.J. WELL DRILLER/ PUMP INSTALLER REGISTRATION NO. (if applicable)
1.		()	
2.		()	

D. OATH OF APPLICANT

State of _____

County of _____

I, the undersigned applicant, certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Signature of Applicant_____
Date

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public

(Official Seal)

REMINDER

- HAVE YOU INDICATED WHICH TEST MONTH YOU WISH TO TAKE YOUR EXAMINATION?
- HAVE YOU COMPLETED ALL APPROPRIATE SECTIONS OF YOUR APPLICATION?
- HAVE YOU ATTACHED YOUR TWO SIGNED AND NOTARIZED REFERENCE QUESTIONNAIRE FORMS, ADM-166P.
- HAVE YOU SIGNED AND NOTARIZED ALL APPROPRIATE PORTIONS OF YOUR APPLICATION?
- HAVE YOU ATTACHED YOUR NON-REFUNDABLE \$50.00 APPLICATION FEE PAYABLE TO **“TREASURER, STATE OF NEW JERSEY”**?

New Jersey Department of Environmental Protection
General Services
Examination & Licensing Unit
PO Box 441, Trenton, NJ 08625-0441

PUMP INSTALLER LICENSING EXAMINATION

**REFERENCE QUESTIONNAIRE
AND VERIFICATION OF EXPERIENCE**

PLEASE PRINT

Applicant's Name _____

I. **EXPERIENCE QUESTIONNAIRE**

1. How many years/months have you supervised the applicant in pump installation activities?

FROM: Month _____ Year _____ TO: Month _____ Year _____

II. **NOTARIZED OATH OF REFERENCE**

I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.

Name of Reference (Please Print)

Signature of Reference

N.J. Well Driller's/Pump Installer's
Registration # _____
(if applicable)

Sworn to and subscribed
before me this _____ day

of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

New Jersey Department of Environmental Protection
General Services
Examination & Licensing Unit
PO Box 441, Trenton, NJ 08625-0441

PUMP INSTALLER LICENSING EXAMINATION

**REFERENCE QUESTIONNAIRE
AND VERIFICATION OF EXPERIENCE**

PLEASE PRINT

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Signature of Reference

N.J. Well Driller's/Pump Installer's
Registration # _____
(if applicable)

Sworn to and subscribed
before me this _____ day

of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

OCTOBER 2006

PUMP INSTALLERS' LICENSE

LIST OF SUGGESTED STUDY MATERIAL

“New Jersey Subsurface and Percolating Waters Act (N.J.S.A. 58:4A-4.1 et seq) and implementing regulations”**

“New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq) and implementing regulations”**

**An applicant will be responsible for knowing those portions of the laws and regulations which pertain to the specific license category for which they have applied.

"Water Systems Handbook 11th Edition", available from

Water Systems Council

National Programs Office

1101 30th Street N.W., Suite 500

Washington, DC 20007

Phone: 888-395-1033

Fax: 301-464-8842

Web Site: www.watersystemscouncil.org

The following two publications are available from:

National Ground Water Association

601 Dempsey Road

Westerville OH 43081-8978

Telephone 1-800-551-7379

Fax 614-898-7786

Web Site: www.ngwa.org

**1. “Groundwater and Wells”, Driscoll (1986)
Johnson Division**

2. “Basic Water Systems: A Pump and Training Manual”