

**APPLICATION FOR RENEWAL
VERMONT WELL DRILLER'S LICENSE**

1. NAME AND ADDRESS

(Name, First, Int. Last)
(Street address)
(PO Box)
(Town/City, State, Zip)
(Telephone Number)
(email)
Name of business applicant is or will be associated with:
Applicant's status with business (i.e., owner, employee, qualifying individual)

All information requested on this application form must be complete or the application will be returned. **ANSWERS MUST BE NEATLY PRINTED IN INK OR TYPED.**

2. **FEE:** Attach nonrefundable check or money order made payable to **State of Vermont** for \$105 to be billed annually. All outstanding fees must be paid.
3. **TYPE OF LICENSE:** Water Wells Monitoring Wells Both
4. **QUALIFYING INDIVIDUAL for a Company?:** (check one) Yes No
If yes, complete Sections 5 and 6.
If no, go to Section 7.

5. QUALIFYING INDIVIDUAL AGREEMENT – ROLES AND RESPONSIBILITIES

A sole proprietor is not required to complete sections 5 and 6. If the owner, partner or other person with delegating authority for the firm will also be the Qualifying Individual, sign 5B only.

A licensed well driller shall be the qualifying individual for only one business, governmental, or other entity. A business, governmental, or other entity may have more than one qualifying individual. No business, governmental or other entity engaged in the business of well drilling shall drill or close abandoned wells without a qualifying individual overseeing and taking responsibility for the daily drilling operations. The qualifying individual:

- (a) shall be a licensed well driller and an owner, partner, corporate officer or employee for a business, governmental or other entity engaged in the business of well drilling;
- (b) shall be directly in charge of the daily well drilling operations and assure that all wells meet the appropriate construction and closure standards;
- (c) shall review all Well Completion Reports and ensure all reports are complete, accurate and filed within 90 days of well completion;
- (d) shall ensure all wells are tagged within 30 days of completion;
- (e) shall keep complete and accurate records of all wells attempted, drilled, and closed;
- (f) shall notify the Department of any change in information provided on his or her application;
- (g) shall promptly respond to and investigate, where appropriate, client complaints and notify the Department of suspected public health or environmental threats, if encountered;
- (h) shall keep abreast of changes in industry technology, state, federal and safety regulations regarding well drilling practices; and
- (i) shall have oversight responsibility for work conducted by a well drilling subcontractor.

A) I, _____ (name) as _____ (owner, partner, etc.) for the firm _____ (firm name) hereby grant and delegate the roles and responsibilities stated in (a) - (i) above to _____ (applicant's name) and designate him/her the Qualifying Individual for this firm (business, governmental or other entity) _____ . Signature _____ Date _____

B) I, _____ (applicant's name) as a licensed well driller in the State of Vermont accept the roles and responsibilities stated in (a) - (i) above as the Qualifying Individual for this firm (name of business, governmental or other entity) _____ .

Signature: _____ Date: _____

6. BUSINESS INFORMATION

A. Name of Business:
B. Is your company registered with the Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No
C. If registered with the Secretary of State outside of Vermont, what is the state?
D. Name and Address of Vermont Registered Agent:
E. Name, Address, and phone number of Company contact, other than yourself:

7. CONTINUING EDUCATION

Please list at least eight hours of education or training activity attended within the last 3 years. (Use additional pages if necessary.)

Date	Description (Title of event, sponsor, location, hours)

Note: If you have not completed this requirement, please explain:

8. DRILLING MACHINES: List the type and number of rigs currently in use under this license in Vermont:

Type (i.e., air rotary)	Number

9. DRILLING RECORD:

A. Number of wells completed, attempted, or supervised in Vermont **within the last three years** under this license. **Note: if you indicated "0", go to Section 10 below.**

B. **Yes** **No** (check one) Have all Well Completion Reports for the wells referred to in 9.A been filed as required by § 15-701 and § 15-702 of the Well Driller Licensing Rules?

If **NO**, please explain: (Use additional pages if necessary.)

C. **Yes** **No** (check one) Have all wells referred to in 9.A been tagged, except those wells for which the casing has been removed as required by § 15-704 of the Well Driller Licensing Rule, and by Appendix 12.3.9 of the Water Supply Rules?

If **NO**, please explain: (Use additional pages if necessary.)

10. APPLICANT'S STATEMENT REGARDING CHILD SUPPORT

Please read and sign the statement below. State law requires that this form must be completed by anyone applying as an individual for a well contractor's license.

A Well Contractor's license may not be issued or renewed unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

STATEMENT OF APPLICANT (You must check one)

- I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due the State of Vermont as of the date of this application.
- I hereby certify that I am not in good standing with respect to child support due as of the date of this application and I hereby request the licensing authority determine that immediate payment of child support would impose an unreasonable hardship.

Signature: _____ Date: _____

11. APPLICANT'S STATEMENT REGARDING TAXES

Please read and sign the statement below. If applying as an individual, give your social security number below your signature. If applying as qualifying individual for a corporation, partnership, etc., give the proper federal ID number below your signature.

State law requires that no agency of the State may issue or renew a license to practice a profession unless the licensee first certifies, under the pains and penalties of perjury, that he or she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due and all returns have been filed, if the liability for any tax that may be due is on appeal, if the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship. (32 VSA Section 3113)

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000 fine or both.

CERTIFICATION OF COMPLIANCE WITH 32 V.S.A. SECTION 3113 (You must check one)

- I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes to pay, any and all taxes due the State of Vermont as of the date of this application.
- I am not in good standing with the Department of Taxes at this time, and seek a determination from the DEC that immediate payment would impose an unreasonable hardship.

Signature: _____ Date: _____

S.S.: _____

Arrangements to achieve good standing should be made by contacting the Office of Collections, Vermont Department of Taxes, (802) 828-2518.

* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes in the administration of tax laws and to identify individuals affected by such laws, and will be used by the Office of Child Support.

12. AFFIDAVIT

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. Falsification of any information provided is grounds for revocation of license.

Signed: _____ Date: _____

FOR OFFICIAL USE ONLY	
License Number	
Date Received	
Fee Paid	
Outstanding Fees Paid	
Date Reviewed	
Incomplete	
Corrected and App	
Complete	
Hold – Spec. Action	
License App. and Issued	
Number of Seals Sent	

Honorable Jim Douglas, Governor George Crombie, ANR Secretary Laura Pelosi, DEC Commissioner

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

Water Supply Division
103 South Main Street
Waterbury, VT 05671-0403
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-241-3284