



Massachusetts Department of Environmental Protection  
Bureau of Water Resources – Well Driller Program

# BRP WS 38a

## Initial – Well Driller Certification

Transmittal Number \_\_\_\_\_

Certification Number/Approved by \_\_\_\_\_

### A. Applicant Information

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Home Address/PO Box (city, state, zip)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email

### B. Company Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street/PO Box (city, state, zip)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Fax

\_\_\_\_\_  
Work Email

\_\_\_\_\_  
Facility Contact Person:

\_\_\_\_\_  
Contact person's title

### C. Work Experience

Fill in your prior well drilling work experience

\_\_\_\_\_  
Employer 1 Name & Address

\_\_\_\_\_  
Employer Telephone

Dates of Employment

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Duties & Responsibilities

\_\_\_\_\_  
Employer 2 Name & Address

\_\_\_\_\_  
Employer Telephone

Dates of Employment

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Employer 3 Name & Address

\_\_\_\_\_  
Employer Telephone

Dates of Employment

\_\_\_\_\_  
From

\_\_\_\_\_  
To

### D. State Licensing

Do you possess any out-of-state Well Driller License(s)?  Yes  No

If yes, please complete information below and attach a copy of your license(s)

### E. Fees

\$200 New Driller

\$400 With Waiver

PLEASE ENCLOSE THE TOTAL FEE FOR EACH DRILLER CERTIFICATION IN CHECK OR MONEY ORDER MADE PAYABLE TO THE **COMMONWEALTH OF MASSACHUSETTS.**



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## F. Statement of Tax Compliance

*Massachusetts General Laws Chapter 62C, §47A and §49A, Administrative Provisions Relative to State Taxation apply to anyone seeking to be registered as a well driller in Massachusetts. These provisions require that any person applying for registration or renewal must certify under penalties of perjury that they have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Company if owner or other official

\_\_\_\_\_  
Social Security Number or Federal ID Number

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## G. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of revocation of any certification or permit issued to this application for knowing violations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Application Date



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### H. Sworn Affidavit Confirming Well Driller Experience

I, \_\_\_\_\_, do hereby certify under pains and penalties of perjury that  
(Name of Certified Well Driller)

\_\_\_\_\_ has been actively engaged in drilling productive wells in  
(Name of Applicant)

Massachusetts under my Immediate field supervision for a period of \_\_\_\_\_ months, from

\_\_\_\_\_ to \_\_\_\_\_ I have records to substantiate this work and these dates.  
(mm/yyyy) (mm/yyyy)

I further certify that the drilling performed under my immediate field supervision has enabled the

applicant, \_\_\_\_\_ to gain the well drilling experience needed to assume  
Name of Applicant

an immediate field supervisory role as a certified well driller, with full responsibility for complying with state and local regulations.

\_\_\_\_\_  
Signature of Certified Well Driller

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name of Certified Well Driller

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Massachusetts Certification Number

\_\_\_\_\_  
Town/State/Zip

On this date \_\_\_\_\_ did personally appear before me and  
(Name of Certified Well Driller)

being duly sworn stated the foregoing is true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

(SEAL)