

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

key.

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

Application for Re-certification of Well Drillers

	Jan 1, 2025 –	Dec 31, 202	5
uthority:	Massachusetts General Laws (M.G.L. c21G §§14 and 20) 310 CMR 46.00.		
ho Must Register:	Any person engaged in the business of constructing or drilling wells. This includes, but is not limited to, water wells, monitoring wells, geothermal/GSHP construction, de-watering, and cathodic protection wells.		
hen:	The application and fee(s) must be received by December 31, 2024.		
ow:	Submit the completed new application for renewal and the required fee of \$10 for each driller. Mail application and fee (check payable to the Commonwealth of Massachusetts) to:		
	MASSDEP PO BOX 4062 BOSTON, MA 02211		
Mailing Address:	Home Address Business	Address	
Name			
Home Address (street, o	city, state, zip code)		
Firm Associated with			
Firm Address (street, cit	y, state, zip code)		
Current Driller Reg Num	ber		
Home Phone		Cell Phone	
Business Phone		Home Email	
Fax Number		Work Email	
Email Preference:	Work Email Home Em	nail	
Estimate number o	f wells in Massachusetts in 202	24:	
Drinking Water	Monitoring		Geothermal/GSHP
Drinking Water Construction	Monitoring Decommissioned		Repaired or deepened



Massachusetts Department of Environmental Protection

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Disclaimer and Signature

By signing and submitting this application you attest that the information submitted in this application is true and accurate under the pains and penalties of perjury. You also agree to be bound by the requirements of the Massachusetts Well Driller Laws, and Regulations.

Statement of State Tax Compliance

Massachusetts General Laws, Chapter 62C, Sections 47A and 49A, Administrative Provisions Relative to State Taxation, apply to anyone seeking to be certified as a well driller in Massachusetts. These provisions require that any person applying for certification or renewal must certify under penalties of perjury that they have complied with all laws of the Commonwealth of Massachusetts relating to taxes.

I certify, under pains and penalties of perjury, that I have complied with all Laws of the Commonwealth of Massachusetts relating to taxes.

Signature of Applicant	Date
Business, if owner or other officer of the company	Social Security # or Federal ID #