

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

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

Application for Re-certification of Well Drillers

	Jan 1, 2024 – Dec 3	31, 2024
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, 2023.	
ow:	Submit the completed new application for renewal and the required fee of \$1 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	3
Name		
Home Address (street, o	city, state, zip code)	
Firm Associated with		
Firm Address (street, cit	ry, state, zip code)	
Current Driller Reg Num	nber	
Home Phone	Cell F	Phone
Business Phone	Home Email	
Fax Number	Work Email	
Email Preference:	Work Email Home Email	
	f wells in Massachusetts in 2023:	
Drinking Water	Monitoring	Geothermal/GSHP
Construction	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 #