

.....**Water Well Construction**  
**Arkansas Department of Agriculture**  
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**Little Rock, AR 72205**

**Information for Pump Installer Registration**

**An applicant for an Arkansas Water Well Pump Installer Registration Certificate must submit the following:**

**1. Proof of age.** An applicant must submit a driver's license or other documentation illustrating that he is at least 18 years old.

**2. Completed application form and \$125 registration fee.**

**3. Proof of experience.** Before an applicant is eligible to take any of the pump installer certification tests, the applicant must demonstrate proof of experience by meeting the requirements listed under either A, B, or C, below:

A. Applicant has completed the Commission's Pump Installer Apprenticeship Program by either:

1. Completing two years of the Commission's Pump Installer program and providing a letter from the apprentice's supervisor stating that the apprentice is ready to sit for examination; or
2. Applicant has completed three years of the Commission's Pump Installer Apprenticeship Program and has IRS W2 Wage and Tax Statement Forms demonstrating three years of employment under a licensed water well contractor.

B. Applicant holds or has held in the past a valid Arkansas Water Well Pump Installer Certificate of Registration **and meets the qualifications listed in the Apprenticeship Program Exemption set out in Rule 3.10.10 of the Arkansas Water Well Construction Rules and Regulations;**

C. Applicant holds or has held a registration from another state similar to the type and class for which the person is applying, and the other state's program must be at least as rigorous as the Commission's Apprenticeship Program.

.....**Review of application**

The Commission will consider applications at its bi-monthly meetings. **The Commission may delay consideration of applications received less than two weeks before a scheduled Commission meeting until the next meeting.**

The Commission will send Applicant notice that it has reviewed his application and whether it has approved him for testing.

**Examinations**

Once approved, the Commission will contact the Applicant to set up a test date. All exams will be given at the Commission's offices at 10421 West Markham Street, Little Rock, AR 72207.

The exam will cover the Arkansas Water Well Construction Act, Ark. Code Ann. § 17-50-101 et seq; Water Well Construction Rules and Regulations; and general knowledge of pump installation. Questions are multiple choice, true and false, and fill in the blank. There will be 50 questions and a passing score is 70% or more. Commission staff will grade the exam and review missed questions with Applicants on the day of the exam.

If an applicant fails an exam, the exam can be retaken on another day. Applicants who fail the exam must file a new application if the exam is not passed within 120 days after the Commission meeting at which the Applicant was originally approved to take the test.

**Payment of Registration Fee**

Prior to taking the exam, the applicant must pay a \$125 registration fee. The Commission will consider the applicant certified upon passage of the exam or exams and payment of the \$125 registration fee.

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**NOTE: To legally install water well pumps within Arkansas, a registered pump installer must either hold an Arkansas Water Well Contractor Drilling and Pump Systems License or an Arkansas Water Well Contractor Pump Systems License or be employed by someone who holds such a license.**

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## Arkansas Water Well Pump Installer Registration Application

Incomplete or inaccurate information will delay processing of your application. For yes or no responses, circle the correct answer. Social Security Numbers will not be released to the public. An applicant must sign and notarize his application.

<b>Full name:</b> (First name, middle initial, last name)			<b>Social security number:</b>		
<b>Street address:</b>			<b>Mailing address:</b> (If not same as street address)		
<b>City:</b>			<b>County:</b>		
<b>State:</b>			<b>Home phone number:</b> (    )		
<b>Zip:</b>			<b>Work phone number:</b> (    )		
<b>Date of birth</b> (mm/dd/yy)	<b>Height:</b>	<b>Weight:</b>	<b>Hair color:</b>	<b>Eye color</b>	
<b>Sex:</b> Male    Female	<b>Ever convicted of a felony?</b> Yes   No	<b>US citizen?</b> Yes   No	<b>Resident of AR?</b> Yes   No		
<b>Circle highest grade completed:</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 <b>Degrees:</b>					
<b>If you obtained a GED circle 12.</b>					
<b>Number of years of experience in water well construction:</b>					
<b>Have you ever had an Arkansas Water Well Registration Certificate or License revoked?</b> Yes                      No					
<b>Employed by:</b> (Name of business)				<b>Contractor number:</b>	
<b>Business street address:</b>				<b>City:</b>	
<b>State:</b>		<b>County:</b>		<b>Zip:</b>	

**For PTF use only**

<b>Amount</b>	<b>Receipt #</b>	<b>Issue Date</b>	<b>Reg. # D</b>
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If you hold any water well pump installer registration certificates from other states, please list other states and applicable registration information. Also, list any professional licenses or credentials you hold (i.e. Professional Geologist or Master Plumber, etc.)

Please check the box to the left of letter A, B, C, or D below to indicate which experience requirements you believe you meet and the types of information submitted by you.

\_\_\_ **A. Applicant** has completed two years of the Commission's pump installer apprenticeship program; and has a letter from the apprentice's supervisor stating that the apprentice is ready to sit for examination.

\_\_\_ **B. Applicant** has completed three years of the Commission's pump installer apprenticeship program and has IRS W2 Wage and Tax Statement Forms demonstrating three years of employment under a licensed water well contractor.

\_\_\_ **C. Applicant** holds or has held in the past a valid Arkansas Water Well Pump Installer Registration Certificate and meets the qualifications listed in the Apprenticeship Program Exemption set out in Rule 3.10.10 of the Arkansas Water Well Construction Rules and Regulations.

\_\_\_ **D. Applicant** holds or has held a registration from another state similar to the type and class for which the person is applying and has held this registration for a period equivalent to the apprenticeship program.

I hereby certify that the information remitted on this application and provided by me is true and correct; that I have knowledge of the Water Well Construction Act and regulations pertaining to water well construction; and that I have the level of experience I have indicated.

Witness: \_\_\_\_\_ Signed: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Signed:

#### CRIMINAL HISTORY BACKGROUND CHECKS WITH ARKANSAS STATE POLICE

Applying for a license or registration for a **new** (anyone who is **not** currently licensed) Driller, Pump Installer, or Apprentice with the Arkansas Natural Resources Division (NRD) requires a criminal history background check from the Arkansas State Police (ASP). All license signing authorities are *required to* submit a criminal history background check.

Attached with this application is the consent form for the background check. Please fill in the form (please print), then sign, date, and have it notarized. It **MUST** be signed by you, the applicant, and notarized. Return it with this application. The information will be released to the Arkansas Natural Resources Division as listed on the bottom of this form.

Note: The entire criminal history background check process can take up to two weeks before NRD staff receives final results.



# ARKANSAS STATE POLICE

ASP-122  
(Eff. 08/11/2021)

## Identification Bureau Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: \_\_\_\_\_  
Last name First name Middle name Jr/Sr/III  
Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

List ALL other names ever used (married, maiden, shortened, etc)

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
State

Physical Address: \_\_\_\_\_  
Street

City State ZIP

Mailing Address: \_\_\_\_\_  
Street or P.O. Box

City State ZIP

### APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code § 12-12-1013.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) Month/Day/Year

Release to: \_\_\_\_\_  
Arkansas Water Well Construction Commission  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: \_\_\_\_\_  
Cone Building 1, 10421 West Markham

Little Rock Street  
AR 72205  
City State ZIP

Daytime Phone #: ( 501 ) 682-3900

☐ 82005 State Record Check