

Water Well Standards INSTRUCTIONS FOR APPLICATION OF LICENSE

Important: If you have had a well driller license in the past or are changing the type of licensing you currently hold, please contact our office at (402) 471-2299 before filing out this application.

Please read all instructions for this application carefully. You must provide all required documentation to assure your license application is not delayed or returned.

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your **initial license fee is waived.**

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above. **Military:** To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

CHECK LIST FOR APPLICATION PROCESS

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must be translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence** (must be at **least 19** years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is **substantially similar** to the education or training required for this license while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.
3. **Other State License Information:** If you hold or have held a related license in any state (**other than Nebraska**), you must contact that state and request a verification of your license (**do not send a copy of your license**).

4. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a exclusive list	
<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct / Disorderly House • Reckless Driving • Not Wearing Seat Belt 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Parks Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

STEP 2: Complete all pages and questions on the Application:

Submit your application to the Licensure Unit	
<ul style="list-style-type: none"> <input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Proof of Insurance (Contractors only) <input type="checkbox"/> Conviction Records (if you have convictions) 	<ul style="list-style-type: none"> <input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). <p>Pay by check/money order; debit or credit card is not accepted.</p>



DHHS Water Well Standards
 PO Box 98922
 Lincoln, NE 68509-8922
 Phone: 402-471-0546

Water Well Standards Application for Licensure

Important: If you have had a well drillers license in the past or are changing the type of licensing you currently hold, please contact this office prior to filing out the application.

Please Type or Print Clearly

SECTION A – Licensure Application Category (All applicants must complete this section.)

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. Check only **ONE** waiver:

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

Review the following chart to determine the fee required.

	√	Licensing Fees		
		January-June Even-Numbered & Entire Odd- Numbered Years	July- December Even- Numbered Years	Fee Waiver if eligible (category)
Water Well License				
Natural Resource Ground Water Technician	<input type="checkbox"/>	\$150	\$37.50	
Pump Installation Contractor	<input type="checkbox"/>	\$150	\$37.50	
Pump Installation Supervisor	<input type="checkbox"/>	\$150	\$37.50	
Water Well Monitoring Technician	<input type="checkbox"/>	\$150	\$37.50	
Well Drilling Contractor	<input type="checkbox"/>	\$150	\$37.50	
Well Drilling Contractor/Water Well Monitoring Technician	<input type="checkbox"/>	\$150	\$37.50	
Well Drilling/Pump Installation Contractor	<input type="checkbox"/>	\$150	\$37.50	
Well Drilling/Pump Installation Supervisor	<input type="checkbox"/>	\$150	\$37.50	
Well Drilling Supervisor	<input type="checkbox"/>	\$150	\$37.50	
Well Drilling Supervisor/Water Well Monitoring Technician	<input type="checkbox"/>	\$150	\$37.50	
		All licenses expire December 31 of even-numbered years.		

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

Exam Date: APPLICATION MUST BE RECEIVED 3 WEEKS BEFORE EXAM DATE AND NO EARLIER THAN 90 DAYS PRIOR TO EXAM DATE.

Exam Location Preference

Grand Island Lincoln Norfolk North Platte Scottsbluff

Study Guides

Study guides needed? Yes No

SECTION B (All applicants must complete this section.)

NOTE: All mailings from this office will be sent to the address you indicate below. If you change your address, you must advise this office.

Part 1 – Personal Information

1.	Legal Name:	First:	Middle/MI:	Last:
	Maiden Name:	Name:	Other names you are known as (AKA):	
2.	Residence Address:	Street/PO/Route:		
		City:	State:	Zip:
3.	Residence Telephone:		Fax Number:	
4.	E-mail Address:			
Additional Information:				
5.	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
6.	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN)		SSN:
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#:
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) Number		I-94#:
If you have both a SSN and an A# or I-94 number, you must report both. <u>Neb. Rev. Stat. § 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</u>				
Have you ever been denied the right to take a license examination in any State?				
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				

Part 2 – Business or Employer Information (All applicants must complete this section.)

Identify the business with which you will be engaged in construction of water wells and/or installation of pumps and pumping equipment and/or water well monitoring, including Natural Resources Districts.

1.	Business or Employer Name:			
2.	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
3.	Telephone Number:		Fax Number:	
4.	E-mail Address:			
5.	Nature of Business (check one):			
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):			
5a.	If the business is a sole proprietorship, are you the owner-operator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5b.	If business is a partnership, identify all partners and give the business address and telephone number of each partner. (Add pages as necessary.)			
5c.	If the business is a corporation, list officers and directors of the corporation and give the address and telephone number for each officer of the corporation within the state.			

SECTION C

Part 1 – Conviction and Licensure Information (All applicants must complete this section.) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking Action
1.	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
<u>If you have convictions, you must submit:</u>						
	(i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;					
	(ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and					
	(iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.					
		Yes	No			
2.	Do you hold or have you ever held a license in Nebraska or any other state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3.	If yes, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of License Action	Date of Action	Name of Entity Taking Action
<u>NOTE:</u> If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure						

Part 2 – Insurance (Contractors only need to complete this section.)	
1.	Amount of Public Liability and Property Damage Insurance carried:
2.	Name of Insurance Company:
3.	Attach proof of current insurance from your insurance carrier. You are responsible to make sure this is kept current. Be sure to send updated insurance information to our office and <u>Print your name on the form.</u>

SECTION D – Examination (All Applicants must complete this section.)	
Water Well Monitoring Technician applicants must complete only Sections I and II. Water Well Drilling and Pump Installation Contractor/Supervisor applicants must complete only Sections I and III. Natural Resources Ground Water Technician applicants must complete only Section IV.	
1.	I hereby make application for examination including:
1a.	<input type="checkbox"/> Section I of the examination, the Nebraska section.
1b.	<input type="checkbox"/> Section II of the examination, the Water Well Monitoring.
1c.	<input type="checkbox"/> Section III of the examination, specialized categories that corresponds to the license you desire.
	<input type="checkbox"/> General Drilling <input type="checkbox"/> Pump Installation
1d.	<input type="checkbox"/> Section IV of the examination, Natural Resources Ground Water Technician.
NOTE: Applications for licensure are deemed incomplete and no action shall be taken by the Department until the applicant has taken the examination for the applicable categories of licensure and the results have been received by the Department, except for applicants qualifying for a temporary license without examination because of hardship.	
2.	I hereby make application for a hardship exemption for licensure without examination for the following reason(s). (List all reasons for request.)

3.	I hereby make application for special arrangements for administering the required examination for the following reason(s). (List all reasons for request and special arrangements sought.)	
Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.		
SECTION E – PRACTICE PRIOR TO LICENSE: An individual who practices prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the license.		
1.	Have you practiced in Nebraska prior to submitting this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If yes, what is the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice?	
	Number of Days:	
	Name of Business:	
	City:	Telephone Number:

SECTION F – ATTESTATION	
Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):	
I attest that:	
<input type="checkbox"/> I am a citizen of the United States.	
<input type="checkbox"/> I am NOT a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.	
<input type="checkbox"/> I am NOT a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.	
<input type="checkbox"/> I am NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.	
I further attest that:	
1. I have read the application or have had the application read to me;	
2. All statements on the application are true and complete;	
3. I am of good character.	
Print Name: _____	
Signature: _____ Date: _____	
Contact Information: Licensure Unit, Phone: 402-471-2299 / FAX: 402-742-1152	

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

CERTIFICATION OF A WATER WELL LICENSE

This must be completed if you have a license in another state
Must be completed by the other licensing agency

Our records indicate that _____ was licensed in the
(Applicant's Name)

Name of State

Type of License	License Number	Date Issued	Expiration Date

Based on the records of this department, the applicant's license:

- Is in good standing, and as far as our records are concerned, the applicant is entitled to endorsement.
- Has been disciplined.

Please explain any disciplinary action:

NAME AND TITLE:

LICENSING AGENCY:

PHONE NUMBER:

ADDRESS:

SIGNATURE _____

Send this form to: DHHS, Public Health,
Licensure Unit – Well Driller
PO Box 94986
Lincoln NE 68509-4986