ARKANSAS DEPARTMENT OF AGRICULTURE

ARKANSAS WATER WELL PUMP INSTALLER REGISTRATION APPLICATION

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 the $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 1 Natural Resources Drive, Little Rock, AR . 72205

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.

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.

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. Applications must be signed by the applicant and contractor and must be notarized.

Full Name: _____ Social Security No. _____
(First name, middle initial, last name)

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date of Birth: _____

Mailing Address: _____
(If different than Street Address)

Email: _____

Home Phone: _____ Work Phone: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: ☐ Male ☐ Female

Ever Convicted of a Felony?: ☐ Yes ☐ No

U.S. Citizen?: ☐ Yes ☐ No

Resident of AR?: ☐ Yes ☐ No

Highest grade completed: 1
(If GED, choose Grade 12)

Degrees: _____

No. of Years Experience in Water Well Construction: _____

Have you ever had an Arkansas Water Well Registration Certificate of License revoked? ☐ Yes ☐ No

Employed by: _____ Contractor No. _____
(Business Name)

Business Street Address: _____

City: _____ County: _____ Zip: _____

Department Use Only

Amount Receipt# Issue Date Reg.#

If you hold any water well driller or 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, Master Plumber, Electrician, 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.

THIS FORM MUST BE NOTARIZED

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.

Signed: _____

(Applicant)

Signed: _____

(Witness)

STATE OF _____)

) ss

COUNTY OF _____)

MY COMMISSION EXPIRES

_____

_____

NOTARY PUBLIC

(SEAL)

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 Department staff receives final results.

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau
Individual Record Check Request Form

INSTRUCTIONS

If you are mandated by law to have a background check performed, please contact the licensing agency/entity that requires the background check for the proper request form.

1. When **an Arkansas background check** is requested, include a properly completed ***ASP-122*** request form; a check or money order in the amount of **$25.00**, made payable to the Arkansas State Police. **DO NOT SEND CASH**. A fingerprint card is ***NOT*** required to be submitted if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity to whom it was released.

2. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013.

3. If the request is made by mail, a properly addressed envelope with sufficient return postage must be included.

4. Send properly completed request form and proper payment to:

Arkansas State Police, ID Bureau
1 State Police Plaza Drive
Little Rock, AR 72209

To contact the Arkansas State Police, ID Bureau, you may call 501-618-8500.

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

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: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street

_____
City *State* *ZIP*

Daytime Phone #: (____) _____

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

_____
Notary Public

☐ 82005 State Record Check