



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

WATER WELL DRILLER/PUMP INSTALLER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

This form is used to make the following changes to your current license: changing your personal name, business name and/or address, adding an endorsement to your license, and requesting a duplicate of your license

1. NAME – As it appears on your license.
2. SOCIAL SECURITY NUMBER – Disclosure is required by the [Texas Family Code](#) to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
3. DATE OF BIRTH – MM/DD/YYYY
4. LICENSE NUMBER – As it appears on your license issued by the Texas Department of Licensing and Regulation (TDLR).
5. DUPLICATE LICENSE REQUEST – Check this box if you are requesting a duplicate of your license. **A \$25 fee is required for this change service.**
6. CHANGE MY NAME – Your new legal name as it appears on your government documents. Document(s) required include: a copy of a government issued ID or legal document approving or showing your legal name change, such as a marriage license, court petition for name change, or certificate of naturalization.
7. CHANGE MY MAILING ADDRESS - The address where you receive mail. This address can be a post office box. Always keep your mailing address current with TDLR.
8. CHANGE MY PHONE NUMBER - Provide a phone number where we can reach you during the day.
9. CHANGE MY EMAIL ADDRESS - By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
10. CHANGE MY BUSINESS ADDRESS - Provide your new business physical address. This address cannot be a PO Box. This address will be available on TDLR's public license search.
11. CHANGE MY BUSINESS PHONE NUMBER - Provide your new phone number, including your area code.
12. ADDITIONAL ENDORSEMENTS – Complete this section if you are adding an endorsement to an existing water well driller license; or adding an endorsement to an existing pump installer license. Include the endorsement(s) you are applying for, and the minimum number of wells drilled, or pumps installed for each endorsement type. **A \$25 fee is required for this service.**
13. ACKNOWLEDGEMENT OF APPLICANT – Carefully read the acknowledgement of applicant before you date and sign your application.
WELL DRILLER/PUMP INSTALLER EXPERIENCE VERIFICATION FORM – To be completed by the licensed water well driller or pump installer, who supervised the applicant.

INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES: TDLR recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use a licensing option available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#). If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information](#) webpage.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Do not send cash.

For additional information and questions, please visit the [Texas Department of Licensing & Regulation](#) website or reach Customer Service via [webform](#) where you can submit your request for assistance and include required attachments or by phone at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR PUBLIC INFORMATION ACT POLICY: This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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FEES ARE NON-REFUNDABLE

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Name: (As it appears on your license)

Last Name

First Name

Middle

Suffix

2. Social Security Number

3. Date of Birth (MM/DD/YYYY)

4. License Number

5. DUPLICATE LICENSE REQUEST - \$25 FEE REQUIRED

☐ I have included the \$25 fee for a duplicate license. This is required for a name change.

6. CHANGE MY NAME - \$25 FEE REQUIRED

(See instruction sheet for required documents)

Last

First

Middle

Suffix (Jr., Sr., III)

7. Change My Mailing Address: (Used to receive mail from TDLR)

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

8. Change My Phone Number:

(Area Code) Phone Number

9. Change My Email Address:

See instruction sheet for disclosure

CHANGE MY BUSINESS INFORMATION

10. Change My Business Address: (PO Box cannot be used)

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

11. Change My Business Phone Number:

(Area Code) Phone Number

12. ADDITIONAL ENDORSEMENTS - \$25 FEE REQUIRED

(You must hold the existing license to add endorsements)

Well Driller Endorsements	# of Wells Drilled	Pump Installer Endorsements	# of Pumps Installed
<input type="checkbox"/> W – Water Well	(15 minimum)	<input type="checkbox"/> L – Windmill, Handpumps and Pump Jacks	(15 minimum)
<input type="checkbox"/> M – Monitor Well	(50 minimum)	<input type="checkbox"/> P – Single Phase	(15 minimum)
<input type="checkbox"/> C – Closed Loop Geothermal Well	(50 minimum)	<input type="checkbox"/> K – Three Phase	(15 minimum)
<input type="checkbox"/> D – Dewatering Well	(50 minimum)	<input type="checkbox"/> T – Line Shaft Turbine Pumps	(15 minimum)
<input type="checkbox"/> N – Injection Well	(50 minimum)	<input type="checkbox"/> I – Master Installer (includes L, P, K & T)	must meet minimums above
<input type="checkbox"/> A – Master Driller (includes W, M C, D & N)	must meet minimums above		

13.

ACKNOWLEDGEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in sanctions up to and including denial of this application and/or revocation of the license I am applying for and imposition of administrative penalties.

Applicant's Signature

Date Signed



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WELL DRILLER/PUMP INSTALLER EXPERIENCE VERIFICATION

To be completed by the supervising licensee verifying the applicant's experience. The department may contact the supervising licensee for verification purposes.

Download additional [Experience Verification Forms](#) from our website if needed.

Applicant Name (As listed on your government issued ID or driver license):

Last Name

First Name

Middle

Suffix

Social Security Number (see instruction sheet for disclosure information):

SUPERVISOR'S VERIFICATION OF EXPERIENCE

Water Well Driller or Pump Installer Supervisor Name:

Phone Number:

(Area Code) Phone Number

License Number:

Company Name: _____

Supervisor's Out of State License Information (if applicable)

Issuing Jurisdiction

License Type

First Issue Date

Expiration Date

Dates of Supervision:

to

Start Date

End Date

Indicate the number of wells drilled and/or pumps installed by the applicant.

WATER WELL TYPES	NUMBER	PUMP INSTALLATION TYPES	NUMBER
Water Wells	_____	Windmill, Hand Pumps and Pump Jacks	_____
Monitor Wells	_____	Single Phase	_____
Closed Loope Geothermal Wells	_____	Three Phase	_____
Dewatering Wells	_____	Line Shaft Turbine Pumps	_____
Injection Wells	_____		

Indicate, in as much detail as possible, the job duties performed under your supervision (DO NOT LEAVE THIS PART BLANK):

ACKNOWLEDGEMENT OF SUPERVISOR

I have only verified actual experience that this applicant received while working under my direct supervision. I understand that I may be subject to disciplinary action if I verify experience other than that which was performed while the applicant was working under direct supervision. By signing this form, I certify all information submitted on this form is true and accurate.

Signature of Supervising Driller/Installer

Date