



Appendix A Letter of Reference Form for Application for Registration as a Qualified Well Pump Installer

To be completed by referee and submitted independently. Use a separate Appendix A for each additional referee.

Letter of Reference for: _____ (Name of applicant)

A. Referee contact information

Name of referee:	
Address:	
Phone number:	Fax number:
e-mail:	

B. Your knowledge of the applicant

- I have known the applicant as an active well pump installer for: _____ years
- Professional relationship to the applicant (check below):
 - Company owner/supervisor Engineering/geosciences consultant Well driller
 - Well pump installer Other (specify): _____
- In your opinion, has the applicant demonstrated professional workmanship in directly installing pumps in wells? Please explain in the space below.
 - Yes No

C. Your assessment of the applicant's experience

Please describe below, the applicant's experience installing pumps in wells for the period you have known the applicant in a professional capacity. If you require more space, please attach additional page.

Referee signature: _____ **Date (mm/dd/yy):** _____

Completed letter of reference form for application for registration as a qualified well pump installer,

Should be forwarded by mail to:

Deputy Comptroller of Water Rights
Watershed & Aquifer Science Section
Ministry of Environment
PO Box 9362 STN PROV GOVT
Victoria BC V8W 9M2

Or, may be dropped off in person, at:

Deputy Comptroller of Water Rights
Watershed & Aquifer Science Section
Ministry of Environment
4 – 395 Waterfront Crescent
Victoria BC V8T 5K7



Appendix B

Work History Form for Application for Registration as a Qualified Well Pump Installer

To be completed by the applicant and submitted with the application. If you require additional space, please append additional page(s) as part of the Work History. Please type or print legibly.

Please document your individual experience installing pumps in wells, not that of the company, using the table below.

Documented experience

Period of experience (e.g., 2000-2004)	Name of company, including company contact and phone number ¹	Types and sizes of well pumps installed by the applicant (e.g., submersible, turbine, jet, horse power)	Number of well pumps installed / year (average)

¹ Company phone number not required if company no longer exist.

Affidavit

I, the applicant, certify that the information in the Work History is a true record of my work experience in well drilling.

Applicant name: _____ **Applicant signature:** _____ **Date (mm/dd/yy):** _____