



Appendix A – Letter of Reference form for application for registration as a qualified well pump installer

To be completed by referee and submitted independently.
Please type or print legibly.
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):

<input type="checkbox"/> Company owner/supervisor	<input type="checkbox"/> Engineering/geoscience consultant	<input type="checkbox"/> Well driller
<input type="checkbox"/> Well pump installer	<input type="checkbox"/> Other (specify): _____	
- In your opinion, has the applicant demonstrated professional workmanship in directly installing pumps in wells?

<input type="checkbox"/> Yes	<input type="checkbox"/> No, please explain in the space below
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C. Your assessment of the applicant's experience

Please describe below, the applicant's experience in directly 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 9341 STN PROV GOVT
Victoria BC V8W 9M1

Or, may be dropped off in person, at:
Deputy Comptroller of Water Rights
Watershed & Aquifer Science Section
Ministry of Environment
3rd Floor 2975 Jutland Road
Victoria BC V8T 5J9



Appendix B – Work History form for application for registration as a qualified well pump installer

To be completed by the applicant and submitted with 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 experience in directly installing pumps in wells using the table below. Document your individual experience installing well pumps, and not that of the company.

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 pump installation.

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