



APPLICATION FOR REGISTRATION

As a **Qualified Well Pump Installer** in the Province of British Columbia

Pursuant to Section 4 of the **Ground Water Protection Regulation** a person may apply to the Deputy Comptroller for registration as a **qualified well pump installer** in the Province of British Columbia. The applicant for registration **must provide proof that the applicant is at least 19 years of age and one of the following** with the application:

- (i) documented evidence (i.e. letter(s) of reference and a work history – Appendix A and B) of having an equivalent of 5 years full time experience installing well pumps in British Columbia or in another jurisdiction;
- (ii) the original, or a notarized copy, of a Certificate of Qualification as a Well Pump Installer issued by the Province of British Columbia and documented evidence (i.e. letter(s) of reference and a work history – Appendix A and B) of having a minimum of 3 years full time experience installing well pumps;
- (iii) the original, or a notarized copy, of a certificate as a Ground Water Pump Technician of a particular class issued by the Canadian Ground Water Association and documented evidence (i.e. letter(s) of reference and a work history – Appendix A and B) of having a minimum of 3 years full time experience installing well pumps.

Applicant's Name: _____

Company Name: _____

Company Address: _____

Company Phone No.: _____ **Company Fax No.:** _____

Company E-Mail Address: _____

Referee's Name and Phone No.: _____

Referee's Name and Phone No.: _____

Proof of Age: (original or notarized document to be attached, indicate nature of proof, e.g. original birth certificate, notarized driver's licence, etc.): _____

Proof of Qualifications: Check one of the proof of qualification categories below:

- (i) Grand-parent: Equivalent of 5 years full time experience;
- (ii) Well Pump Installer Certificate (Province of BC) and a minimum 3 years experience;
- (iii) Ground Water Pump Technician Certificate (CGWA) and a minimum 3 years experience.

Original copies of documents will be returned to the applicant.

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Note #1: An applicant shall provide a third-party letter(s) of reference (see Appendix A - Letter of Reference form for application for registration as a qualified well pump installer) collectively attesting to the applicant's accumulated period of experience directly installing pumps in wells. **The reference letter is to be completed and submitted by the referee independent of the application.**

Note #2: Applications for registration as a qualified well pump installer using documented evidence of 5 years of full time experience, or equivalent, installing well pumps in BC or another jurisdiction (i.e. well pump installers using the grand-parenting provision in (i) above) will **no longer be accepted after midnight on October 31, 2006.**

Note #3: The applicant shall provide a work history as evidence of experience installing pumps in wells (see Appendix B – Work History form for application for registration as a qualified well pump installer). The work history should include information on: the period of experience, employers, summary or the nature of work installing pumps in wells (including size(s) and type(s) of pumps installed by the applicant), and province or country if experience was obtained outside of BC. The Deputy Comptroller reserves the right to request additional proof of experience to that submitted by the applicant.

Upon acceptance and approval of this application by the Deputy Comptroller, the applicant will be registered as a qualified well pump installer in BC and will receive an identification card. There is **no charge** for this application or for inclusion in the register of qualified well pump installers.

The Deputy Comptroller **may remove from the register** of qualified well pump installers any person who:

- fails to meet all of the necessary requirements for registration,
- is no longer actively working in British Columbia as a qualified well pump installer, or
- is deceased.

A person listed as a qualified well pump installer in the register **must advise** the Deputy Comptroller in writing **within 60 days of any changes** to the information on the Register or if they are no longer actively working in British Columbia as a qualified well pump installer.

The information required by this form and the documents you and your referee(s) provide will be used to consider your application for registration and for other purposes related to the administration of the *Water Act* and its regulations. This information will be available for examination by any member of the public. If you have any questions about the collection or use of this information, contact the Deputy Comptroller.

Signed: _____ Date: _____

Completed Applications for registration as a qualified well pump installer, together with all supporting evidence or documentation, **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

<p><u>Before submitting, have you:</u></p> <p><input type="checkbox"/> Provided referee(s) name and phone number?</p> <p><input type="checkbox"/> Provided original or notarized proof of age?</p> <p><input type="checkbox"/> Indicated the proof of qualification?</p> <p><input type="checkbox"/> Provided original or notarized copies of certificate of qualification?</p> <p><input type="checkbox"/> Provided a work history?</p> <p><input type="checkbox"/> Signed and dated the application and work history?</p>

Internal use only:

Date received: _____ Approved / Not Approved: _____ (If not approved, attach reasons.)

Signed: _____ Date: _____

Deputy Comptroller



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

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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):** _____