

**INSTRUCTIONS FOR COMPLETING AND FILING A
DRILLING/PUMP CONTRACTOR’S LICENSE**

1. Application must be typewritten or printed in ink on official Oklahoma Water Resources Board forms.
2. For a license, applicant must have at least two years of qualifying experience in the category applied for and applicant must supply the Board with two (2) letters of verification of that experience from previous employers (one letter may be from a supplier). Education may be substituted for up to one year of the required experience. An Operator application verifying two years of experience must accompany the Drilling/Pump Contractor Application.
3. Applicant must have been a resident of the state of Oklahoma for not less than ninety (90) days (unless the reciprocity provisions for nonresidents apply).
4. Application must list all Drilling/Pump Operators that are employed by the applicant.
ONLY LICENSED CONTRACTORS OR THEIR LISTED OKLAHOMA CERTIFIED OPERATORS MAY PERFORM THE CERTIFIED CATEGORIES.
5. For additional operator’s certification, all persons must have one (1) year of qualifying experience in each category applied for and supply the Board with a letter of verification of that experience. Education may be substituted for six (6) months of the qualifying experience.
6. **Fees and verification of experience are required prior to testing (fees and letters must be submitted with the application).** Applicant must obtain a passing score for each category examination of 70%.
7. Social security numbers for all applicants are required.
8. Citizenship affidavit form must be filled out for all operators.

TWO-YEAR LICENSE AND CERTIFICATION FEES: Check or money order payable to the Oklahoma Water Resources Board must be submitted to complete the application as follows:

➤ Drilling/Pump Contractor License (includes one category)		\$300.00
➤ Out of State Drilling/Pump Contractor License (includes one category)		\$500.00
➤ Indemnity Fund (includes one category)		\$200.00
➤ Additional category fee for License	@	\$40.00 ea
➤ Additional category fee for Operator	@	\$30.00 ea.
➤ Additional category indemnity fund fee	@	\$75.00 ea.

ADDITIONAL OPERATORS and Other fees:

➤ Additional operator certificate (includes one category)	@	\$60.00 ea.
➤ Additional category fee for operator’s certificate	@	\$30.00 ea.
➤ Testing fees	@	\$50.00 ea.
➤ Firm name change	@	\$50.00
➤ Transfer operator fee	@	\$50.00
➤ <u>TO CALCULATE FEES SEE ATTACHED WORKSHEET</u>		

Firm Name _____

OP Name _____

DRILLING/PUMP CONTRACTORS LICENSE

FEE

Drilling/Pump Contractor (DPC) Application Fees:

DPC In-State (includes one category)	\$300.00	
DPC Out-of-State (includes one category)	\$500.00	
Indemnity Fund (paid with any new DPC application)	\$200.00	
Additional Categories		
1 st category included with application fee.		
2 nd category fee	\$40.00	
3 rd category fee	\$40.00	
4 th category fee	\$40.00	
Additional Indemnity		
Indemnity Fund (to be paid with Application Fee)	\$200.00	
Indemnity Fund (2nd category)	\$75.00	
Indemnity Fund (3rd category)	\$75.00	
Indemnity Fund (4th category)	\$75.00	
Additional Operator		
One operator (included with contractor application)		
1 st Additional Operator	\$60.00	
2 nd operator certificate (includes one category)	\$60.00	
3 rd operator certificate (includes one category)	\$60.00	
Each Additional operator	\$60.00	
Additional Category Fee for All Operators		
2 nd category fee for each operator's certificate	\$30.00	
3 rd category fee for each operator's certificate	\$30.00	
4 th category fee for each operator's certificate	\$30.00	
Testing Fee - Each Operator		
Groundwater wells, test holes and observation wells	\$50.00	
Monitoring wells and geotechnical borings	\$50.00	
Pump installation	\$50.00	
Heat exchange wells	\$50.00	
Firm Changes		
Firm name change	\$50.00	
Transfer operator fee	\$50.00	
TOTAL DUE		\$-

For more information or if you have questions call: 405-530-8800

APPLICATION FOR DRILLING/PUMP CONTRACTOR LICENSE

STATE OF OKLAHOMA Oklahoma Water Resources Board

3800 North Classen Boulevard
Oklahoma City, Oklahoma 73118
(405) 530-8800 Fax (405) 530-8900 www.owrb.ok.gov

DPC Number _____

(Official Use Only)

Operator Number _____

(Official Use Only)

DATE STAMP _____

Phone () _____

License Name _____

(Name of Firm, Company, Corporation of Individual)

Fax () _____

Firm Address _____

City _____ State _____ ZIP _____

Mailing Address _____

City _____ State _____ ZIP _____

E-Mail _____

Check one or more of the following categories:

COMMERCIAL DRILLING AND PLUGGING OF:

- | | | | |
|--------------------------|--|------------------|-------|
| <input type="checkbox"/> | 1. GROUNDWATER WELLS, GROUNDWATER TEST HOLES AND OBSERVATION WELLS | Experience _____ | Years |
| <input type="checkbox"/> | 1a. CATHODIC PROTECTION WELLS ONLY | _____ | Years |
| <input type="checkbox"/> | 2. MONITORING WELLS AND GEOTECHNICAL BORINGS | Experience _____ | Years |
| <input type="checkbox"/> | 2a. CATHODIC PROTECTION WELLS ONLY | _____ | Years |
| <input type="checkbox"/> | 3. COMMERCIAL INSTALLATION OF WATER WELL PUMPS | Experience _____ | Years |
| <input type="checkbox"/> | 3a. PLUGGING OF CERTAIN WATER WELLS | _____ | Years |
| <input type="checkbox"/> | 4. HEAT EXCHANGE WELLS - (Geothermal) | Experience _____ | Years |

A letter of verification and description of the two years of qualifying experience is required for all categories.

Has Applicant been a resident of the State of Oklahoma for the last 90 days? YES NO

If the Applicant is licensed in another state, name the State, License Name, Number and Contact Person. Please include a current copy of your out of state license.

I certify that the above information is true and correct to the best of my knowledge and that I will comply with the applicable laws and regulations of the State of Oklahoma

Date of Board Approval _____

Signature of Applicant _____

Activities Approved _____

APPLICATION FOR DRILLING/PUMP CONTRACTOR LICENSE
STATE OF OKLAHOMA
Oklahoma Water Resources Board

DPC Number: _____
 (Official Use Only)

DESCRIPTION OF DRILLING AND PUMP RIGS :

EXAMPLE OF INFORMATION REQUIRED RIG RATING: Rig Rating 3,000 ft. , 1000 ft., etc. Provide Maximum Depth

- | | | |
|--|-------------------|------------------|
| <input type="checkbox"/> Cable Tool | Rig Rating | _____ ft. |
| <input type="checkbox"/> Fluid Rotary | Rig Rating | _____ ft. |
| <input type="checkbox"/> Air Rotary | Rig Rating | _____ ft. |
| <input type="checkbox"/> Fluid Reverse Circulation | Rig Rating | _____ ft. |
| <input type="checkbox"/> Hollow Stem Auger | Rig Rating | _____ ft. |
| <input type="checkbox"/> Solid Stem Auger | Rig Rating | _____ ft. |
| <input type="checkbox"/> Sonic Rotary | Rig Rating | _____ ft. |
| <input type="checkbox"/> Direct Push (Geoprobe) | Rig Rating | _____ ft. |
| <input type="checkbox"/> Bucket Auger | Rig Rating | _____ ft. |
| <input type="checkbox"/> Pulling Rig | Rig Rating | _____ lb. |
| <input type="checkbox"/> Other | Rig Rating | _____ ft. |
| <input type="checkbox"/> Other | Rig Rating | _____ ft. |

NOTE: THIS AFFIDAVIT MUST BE COMPLETED BY EVERY NATURAL INDIVIDUAL WHO SEEKS ANY KIND OF NEW OR RENEWED PERMIT, LICENSE, CERTIFICATION, CONTRACT, GRANT OR OTHER BENEFIT FROM THE OKLAHOMA WATER RESOURCES BOARD

In the Matter of the Application of _____)

_____)
(First, Middle and Last Name of Applicant)

for _____)

Drilling/Pump Contractor and Operator License))

(Type of License, Permit, Contract or Other Benefit)

DPC No. _____

OP No. _____

AFFIDAVIT:

STATE OF _____)

_____)

COUNTY OF _____) §

_____)

I, _____, upon my oath or affirmation, and under penalty

(Applicant Name Print)

of perjury, state (INDICATE BY YOUR INITIALS WHICHEVER OPTION IS TRUE):

I am a citizen of the United States of America.

(Initial)

I am a qualified alien under the federal Immigration and Nationality Act and I am lawfully present in the

(Initial) United States. My A-number is _____ and a true and correct copy of my immigration document, including my date of birth, user case number, and immigration document type and its expiration date, is attached.

(Signature of Applicant)

The foregoing was acknowledged before me this _____ day of _____, 20____.

Notary Public

(SEAL)

My commission expires: _____

Commission Number: _____

APPLICATION FOR OPERATOR CERTIFICATION

STATE OF OKLAHOMA
Oklahoma Water Resources Board
3800 North Classen Boulevard
Oklahoma City, Oklahoma 73118
(405) 530-8800 Fax (405) 530-8900 www.owrb.ok.gov

DPC Number _____

(Official Use Only)

Operator Number _____

(Official Use Only)

OPERATOR INFORMATION:

DATE STAMP _____

License Name: _____

(Name of Firm, Company, Corporation of Individual)

Phone () _____

Operator Name: _____

(Name of Individual)

Fax () _____

Home Address _____

City

State

ZIP

Mailing Address _____

City

State

ZIP

E-Mail _____

Check one or more of the following categories:

COMMERCIAL DRILLING AND PLUGGING OF:

- 1. GROUNDWATER WELLS, GROUNDWATER TEST HOLES AND OBSERVATION WELLS Experience _____ Years
- 1a. CATHODIC PROTECTION WELLS ONLY _____ Years
- 2. MONITORING WELLS AND GEOTECHNICAL BORINGS Experience _____ Years
- 2a. CATHODIC PROTECTION WELLS ONLY _____ Years
- 3. COMMERCIAL INSTALLATION OF WATER WELL PUMPS Experience _____ Years
- 3a. PLUGGING OF CERTAIN WATER WELLS _____ Years
- 4. HEAT EXCHANGE WELLS - (Geothermal) Experience _____ Years

A letter of verification and description of the two years of qualifying experience is required for all categories.

Has Applicant been a resident of the State of Oklahoma for the last 90 days?

YES

NO

If the Applicant is licensed in another state, name the State, License Name, Number and Contact Person. Please include a current copy of your out of state license.

I certify that the above information is true and correct to the best of my knowledge and that I will comply with the applicable laws and regulations of the State of Oklahoma

Date of Board Approval _____

Signature of Applicant _____

Activities Approved _____

**STATE OF OKLAHOMA
APPLICATION FOR DPC OPERATOR'S CERTIFICATE**

Oklahoma Water Resources Board
3800 Classen Boulevard
Oklahoma City, Oklahoma 73118
Phone: (405) 530-8800 Fax (405) 530-8900
www.owrb.ok.gov

DPC Number: _____
(Official Use Only)

OP Number: _____
(Official Use Only)

(Name of Firm, Company, Corporation of Individual)

Name of Operator: _____

Social Security Number: _____

CONFIDENTIAL