

# INSTRUCTIONS FOR COMPLETING AND FILING A DRILLING/PUMP CONTRACTORS 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 qualifying experience in the category applied for and applicant must supply the Board with two 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.
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 OPERATORS MAY PERFORM THE CERTIFIED ACTIVITIES.**
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 6 months of the qualifying experience.
6. Verification of experience is required prior to testing (letters must be submitted with the application.)
7. Social security numbers for all applicants are required.

**TWO YEAR LICENSE AND CERTIFICATION FEES: Check or money order payable to the Oklahoma Water Resources Board**

➤ Drilling/Pump Contractor License (includes one activity)	\$300.00
➤ Out of State Drilling/Pump Contractor License(includes one activity)	\$400.00
➤ Additional activity fee	40.00
➤ Indemnity Fund (includes one activity)	100.00
➤ Additional activity indemnity fund fee	40.00
➤ Additional operator certificate (includes one activity)	\$60.00
➤ Additional activity fee for operator's certificate	30.00
➤ <b>Testing fee: Each test</b>	<b>\$50.00</b>

**STATE OF OKLAHOMA  
APPLICATION FOR DRILLING/PUMP CONTRACTOR LICENSE**

D/PC Number \_\_\_\_\_  
(Office Use Only)

OP Number \_\_\_\_\_  
(Office Use Only)

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

License Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
(Name of Individual, Firm or Corporation)

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of License Representative/Operator \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Check one or more of the following categories.

- 1. Commercial Drilling and Plugging of GROUNDWATER WELLS, GROUNDWATER TEST HOLES and OBSERVATION WELLS Experience \_\_\_\_\_ Years
- 2. Commercial Drilling and Plugging of MONITORING WELLS and GEOTECHNICAL BORINGS Experience \_\_\_\_\_ Years
- 3. Commercial Installation of WATER WELL PUMPS Experience \_\_\_\_\_ Years
- 4. Commercial Drilling and Plugging of HEAT EXCHANGE WELLS Experience \_\_\_\_\_ Years

**A LETTER OF VERIFICATION IS REQUIRED FOR ALL QUALIFYING EXPERIENCE**

Education and/or Additional Qualifying Experience (a certified copy of transcript is required) \_\_\_\_\_

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If the Applicant is licensed in another state, name the State, License Name, Number and Contact Person \_\_\_\_\_

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

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

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**Signature of Applicant**

Date of Board Approval \_\_\_\_\_

Activities Approved \_\_\_\_\_

**STATE OF OKLAHOMA  
WELL DRILLERS EQUIPMENT INFORMATION**

D/PC Number \_\_\_\_\_  
(Office use only)

**OKLAHOMA WATER RESOURCES BOARD  
3800 North Classen Blvd.  
Oklahoma City, OK 73118  
Telephone: (405) 530-8800 Fax: (405) 530-8900  
www.owrb.state.ok.us**

**DESCRIPTION OF WELL DRILLING RIGS**  
see example of information required

Provide Maximum Depth Rating of Drilling Rig

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

**EXAMPLE OF INFORMATION REQUIRED**

RIG RATING      3,000 ft. , 1000 ft., etc.

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

D/PC Number \_\_\_\_\_  
(Office Use Only)

OP Number \_\_\_\_\_  
(Office Use Only)

**Oklahoma Water Resources Board  
3800 Classen Boulevard  
Oklahoma City, Oklahoma 73118  
(405) 530-8800 Fax: (405) 530-8900  
website: www.owrb.state.ok.us**

Applicant Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Individual)

License Name: \_\_\_\_\_  
(Firm or Corporation)

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Check one or more of the following:

- |                          |  |                        |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | 1. Commercial Drilling and Plugging of GROUNDWATER WELLS, GROUNDWATER TEST HOLES and OBSERVATION WELLS | Experience _____ Years |
| <input type="checkbox"/> | 2. Commercial Drilling and Plugging of MONITORING WELLS and GEOTECHNICAL BORINGS                       | Experience _____ Years |
| <input type="checkbox"/> | 3. Commercial Installation of WATER WELL PUMPS   | Experience _____ Years |
| <input type="checkbox"/> | 4. Commercial Drilling and Plugging of HEAT EXCHANGE WELLS   | Experience _____ Years |

**A LETTER OF VERIFICATION IS REQUIRED FOR ALL QUALIFYING EXPERIENCE:**

Education and/or Additional Qualifying Experience (a certified copy of transcript is required). \_\_\_\_\_

\_\_\_\_\_  
If the Applicant is certified in another state, name the STATE, LICENSE NUMBER AND CONTACT PERSON

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

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Applicant

Date of Board Approval: \_\_\_\_\_

Activities Approved: \_\_\_\_\_

**STATE OF OKLAHOMA  
APPLICATION FOR OPERATOR CERTIFICATION**

D/PC Number \_\_\_\_\_  
(Office Use Only)

OP Number \_\_\_\_\_  
(Office Use Only)

**Oklahoma Water Resources Board  
3800 Classen Boulevard  
Oklahoma City, Oklahoma 73118  
(405) 530 - 8800**

Firm Name \_\_\_\_\_  
(Name of Firm, Corporation or Individual)

Name of Operator \_\_\_\_\_

Social Security Number \_\_\_\_\_

**CONFIDENTIAL**