

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 () _____

911 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 one year 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 _____

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 _____)

DPC No. _____

(Operator License) _____)

OP No. _____

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

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: _____

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

**Oklahoma Water Resources Board
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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