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

1. The application must be typewritten or printed in ink on official Oklahoma Water Resources Board forms.

2. For a license, the applicant must have a minimum of two years of qualifying experience in each category in which the applicant is applying. The applicant must supply the Board with letters of verification of qualified experience from previous licensed employers in good standing. Verified, qualified 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. The 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. The 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. Each additional operator, excluding the primary, must have one (1) year of qualifying experience in each category in which the operator is applying for certification and supply the Board with a letter of verification of experience from a previously licensed employer in good standing. Education may be substituted for six (6) months of the qualifying experience with a certified copy of an official transcript.

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 must be submitted for each applicant.

8. The Citizenship Affidavit form must be completed and properly notarized for each operator.

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) $400.00
- Indemnity Fund (includes one category) $250.00
- Out of State Drilling/Pump Contractor License (includes one category) $1000.00
- Out of State Indemnity Fund $400.00
- Additional Category Fee and Indemnity for License @ $200.00 ea.

ADDITIONAL OPERATORS and Other fees:

- Additional Operator Certificate @ $100.00 ea.
- Testing Fees @ $50.00 ea.
- Firm Name Change @ $50.00
- Operator Transfer Fee @ $50.00

TO CALCULATE FEES, SEE ATTACHED WORKSHEET
# DRILLING/PUMP CONTRACTORS LICENSE

## Drilling/Pump Contractor (DPC) Application Fees:

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPC In-State (includes one category)</td>
<td>$400.00</td>
</tr>
<tr>
<td>Indemnity Fund (paid with any new DPC application)</td>
<td>$250.00</td>
</tr>
<tr>
<td>DPC Out-of-State (includes one category)</td>
<td>$1000.00</td>
</tr>
<tr>
<td>Indemnity Fund Out-of-State (paid with any new DPC application)</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

## Additional Categories and Indemnity

1st category included with application fee.

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd category fee</td>
<td>$200.00</td>
</tr>
<tr>
<td>3rd category fee</td>
<td>$200.00</td>
</tr>
<tr>
<td>4th category fee</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

## Additional Operators

One operator (included with contractor application)

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Additional Operator</td>
<td>$100.00</td>
</tr>
<tr>
<td>2nd Additional operator certificate</td>
<td>$100.00</td>
</tr>
<tr>
<td>3rd Additional operator certificate</td>
<td>$100.00</td>
</tr>
<tr>
<td>Each Additional operator</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

## Testing Fee - Each Operator

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groundwater wells, test holes and observation wells</td>
<td>$50.00</td>
</tr>
<tr>
<td>Monitoring wells and geotechnical borings</td>
<td>$50.00</td>
</tr>
<tr>
<td>Pump installation</td>
<td>$50.00</td>
</tr>
<tr>
<td>Heat exchange wells</td>
<td>$50.00</td>
</tr>
<tr>
<td>Marginal Quality Groundwater</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

## Firm Changes

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Name Change Fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Transfer Operator Fee</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

## 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 ___________________________  DATE STAMP

License Name ___________________________ (Name of Firm, Company, Corporation of Individual)

Phone ___________________________  Cell ___________________________

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:

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

A letter of verification and description of the two years of qualifying experience is required for all categories.
Education: A certified copy of education transcript is required.

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, please list the State, License Name, Number and Contact Person.

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 ___________________________

September 2020
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

<table>
<thead>
<tr>
<th>Rig Type</th>
<th>Rig Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cable Tool</td>
<td></td>
</tr>
<tr>
<td>Fluid Rotary</td>
<td></td>
</tr>
<tr>
<td>Air Rotary</td>
<td></td>
</tr>
<tr>
<td>Fluid Reverse Circulation</td>
<td></td>
</tr>
<tr>
<td>Hollow Stem Auger</td>
<td></td>
</tr>
<tr>
<td>Solid Stem Auger</td>
<td></td>
</tr>
<tr>
<td>Sonic Rotary</td>
<td></td>
</tr>
<tr>
<td>Direct Push (Geoprobe)</td>
<td></td>
</tr>
<tr>
<td>Bucket Auger</td>
<td></td>
</tr>
<tr>
<td>Pulling Rig</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Provide Maximum Depth: ____________________
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 of perjury, state (INDICATE BY YOUR INITIALS WHICHEVER OPTION IS TRUE):

I am a citizen of the United States of America.  

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

September 2020
DPC Number  
(Official Use Only)

Operator Number  
(Official Use Only)

PERSONAL INFORMATION:  

License Name:  
(Name of Firm, Company, Corporation of Individual)

Phone (  )  

Operator Name:  
(Name of Individual)

Cell (  )

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

☐ 2a. CATHODIC PROTECTION WELLS ONLY  
Experience _____  Years

☐ 2a. MONITORING WELLS AND GEOTECHNICAL BORINGS  
Experience _____  Years

☐ 3. COMMERCIAL INSTALLATION OF WATER WELL PUMPS  
Experience _____  Years

☐ 4. HEAT EXCHANGE WELLS - (Geothermal)  
Experience _____  Years

☐ 5. MARGINAL QUALITY GROUNDWATER  
Experience _____  Years

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

Education:  A certified copy of education transcript is required.

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, please list the State, License Name, Number and Contact Person.

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  

September 2020
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 or Individual)

Name of Operator: __________________________________________

Social Security Number: ____________________________________