

**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:

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

**ADDITIONAL OPERATORS and Other fees:**

➤ <b>Additional Operator Certificate</b>	@	<b>\$100.00 ea.</b>
➤ <b>Testing Fees</b>	@	<b>\$50.00 ea.</b>
➤ <b>Firm Name Change</b>	@	<b>\$50.00</b>
➤ <b>Operator Transfer Fee</b>	@	<b>\$50.00</b>
➤ <b><u>TO CALCULATE FEES, SEE ATTACHED WORKSHEET</u></b>		

Firm Name \_\_\_\_\_

Op Name \_\_\_\_\_

**DRILLING/PUMP CONTRACTORS LICENSE**

**FEE**

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

<b>DPC In-State (includes one category)</b>	<b>\$400.00</b>	
<b>Indemnity Fund (paid with any new DPC application)</b>	<b>\$250.00</b>	
<b>DPC Out-of-State (includes one category)</b>	<b>\$1000.00</b>	
<b>Indemnity Fund Out-of-State (paid with any new DPC application)</b>	<b>\$400.00</b>	
<b>Additional Categories and Indemnity</b>		
1 <sup>st</sup> category included with application fee.		
2 <sup>nd</sup> category fee	\$200.00	
3 <sup>rd</sup> category fee	\$200.00	
4 <sup>th</sup> category fee	\$200.00	
<b>Additional Operators</b>		
One operator (included with contractor application)		
1 <sup>st</sup> Additional Operator	\$100.00	
2 <sup>nd</sup> Additional operator certificate	\$100.00	
3 <sup>rd</sup> Additional operator certificate	\$100.00	
Each Additional operator	\$100.00	
<b>Testing Fee - Each Operator</b>		
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	
Marginal Quality Groundwater	\$50.00	
<b>Firm Changes</b>		
Firm Name Change Fee	\$50.00	
Transfer Operator Fee	\$50.00	
<b>TOTAL DUE</b>		<b>\$</b>

**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.oklahoma.gov/owrb](http://www.oklahoma.gov/owrb)

DPC Number \_\_\_\_\_  
(Official Use Only)

Operator Number \_\_\_\_\_  
(Official Use Only)

\_\_\_\_\_  
DATE STAMP

Phone ( ) \_\_\_\_\_

License Name \_\_\_\_\_  
(Name of Firm, Company, Corporation of Individual)

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:

- |                          |  |                  |       |
|--------------------------|--|------------------|-------|
| <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 |
| <input type="checkbox"/> | 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

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

**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**

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In the Matter of the Application of \_\_\_\_\_ )

\_\_\_\_\_ )  
*(First, Middle and Last Name of Applicant)*

**DPC No.** \_\_\_\_\_

for \_\_\_\_\_ )

**OP No.** \_\_\_\_\_

Drilling/Pump Contractor and Operator License )

(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)*

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*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.oklahoma.gov/owrb](http://www.oklahoma.gov/owrb)

DPC Number \_\_\_\_\_

(Official Use Only)

Operator Number \_\_\_\_\_

(Official Use Only)

#### PERSONAL INFORMATION:

DATE STAMP \_\_\_\_\_

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:

- |                          |  |                  |       |
|--------------------------|--|------------------|-------|
| <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 |
| <input type="checkbox"/> | 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 \_\_\_\_\_

**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.oklahoma.gov/owrb](http://www.oklahoma.gov/owrb)**

**DPC Number:** \_\_\_\_\_  
(Official Use Only)

**OP Number:** \_\_\_\_\_  
(Official Use Only)

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(Name of Firm, Company, Corporation or Individual)

**Name of Operator:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**CONFIDENTIAL**