

State of Idaho  
Department of Water Resources

**INSTRUCTIONS FOR APPLYING FOR A WELL DRILLING COMPANY LICENSE**

Licensure as a Well Drilling Company in Idaho requires:

- 1) Form 238-1, Application For a Well Drilling Company License
- 2) A Principal Driller for the Company.
- 3) A company bond, minimum of \$5,000.00

**APPLICATION**

An Application for Well Drilling Company's License (Form 238-1) must be completed and submitted to the appropriate Region Office of the Department of Water Resources.

In the application you must identify all Drillers and Operators who will operate well drilling equipment in Idaho under this company license. You must designate a Principal Driller for the company. The Principal Driller is an Idaho licensed driller in responsible charge of the company's drilling activities. Drillers and Operators included in the Company Application who are not currently licensed in Idaho are required to submit the appropriate application and fee. Applicants for a Driller's license or Operator II permit are subject to examination requirements. Your application must be received at least 20 days prior to scheduling drillers and operators for the exam.

**EXAM**

A new applicant for a Drillers license or Class II Operators permit is required to pass an examination with a score of at least 70% prior to being licensed. Exams are administered by the Idaho Department of Water Resources Region Offices. You must notify the Region in advance to schedule an exam. Call one of the following Region Offices for information on regularly scheduled exams:

<p><u>Western Region,</u> Idaho Dept of Water Resources 2735 Airport Way Boise ID 83705-5082 Phone: 208-334-2190</p>	<p><u>Eastern Region,</u> Idaho Dept of Water Resources 900 N. Skyline Drive, Suite A Idaho Falls ID 83402-1718 Phone: 208-525-7161</p>
<p><u>Northern Region,</u> Idaho Dept of Water Resources 7600 N. Mineral Drive Coeur d'Alene ID 83815 Phone: 208-762-2800</p>	<p><u>Southern Region,</u> Idaho Dept of Water Resources 650 Addison Ave W, Ste 500 Twin Falls, ID 83301-5858 Phone: 208-736-3033</p>

**BONDING**

The Department will notify the applicant to obtain a Well Driller's Bond after a receiving a completed Company application and fee and determining that individual Drillers and Operators not currently licensed in Idaho have met the requirements for licensure.

A Surety Bond is obtained through the applicant's insurance agent. Form 238-4 is completed by the agent and signed by the agent and the Principal Driller. Bonds without both signatures will be returned to the applicant. All bonds and continuation certificates must be on forms provided or approved by the Department.

A Cash Bond Pledge (Form 238-5) must be through an acceptable banking entity located in Idaho. A document of verification must be provided to the Department.

**YOU MAY NOT DRILL IN IDAHO UNTIL ALL REQUIREMENTS HAVE BEEN MET AND YOU HAVE RECEIVED YOUR LICENSE CARD AND CERTIFICATE FROM THE DEPARTMENT**

FOR DEPARTMENT USE ONLY:  
 Application Status:  Approved  
 Denied  Cancelled  Withdrawn  
 Drilling Company License #: \_\_\_\_\_

**State of Idaho  
 Department of Water Resources**

**APPLICATION FOR A WELL DRILLING COMPANY LICENSE**

Name of Drilling Company \_\_\_\_\_

Principal Driller (Must be an Idaho Licensed Driller)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Init \_\_\_\_\_

Primary Business Address:

Mailing \_\_\_\_\_ Physical \_\_\_\_\_

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

Email Address \_\_\_\_\_

Drilling Company Owner (if different from Principal Driller):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Init \_\_\_\_\_

Mailing \_\_\_\_\_ Physical \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Fax \_\_\_\_\_

Show licenses or permits the Drilling Company was issued by other states relative to well drilling:

State	License Number	Period Licensed or Permitted

List all violations and compliance related warnings issued within the last five years to the company, the owners, and the employees of the company listed in this application. (Attach extra page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company References:** Please include reference letters from three (3) impartial persons who can attest to the Company's past well drilling operations, if any, and related business activities. Reference letters should include contact information of the sender.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

WELL RIG INFORMATION

List of all drill rigs and other related equipment owned or used by the company, including the type, make, and model.

Type	Year	Make and Model	Description
Air Rotary			
Auger			
Cable Tool			
Core Drill			
Direct Push			
Jetted			
Mud Rotary			
Reverse Circulation			
Sonic Vibration			

**List the Drillers, Class II and Class I Operators employed by the Drilling Company and covered under the Well Driller's Bond.** Drillers and Operators included in the Company Application who are not currently licensed in Idaho are required to submit the appropriate application and fee:

- Application for a Driller's License (DL) - Form 238-9
- Application for a Class I (CI) Operators Permit – Form238-13
- Application for a Class II (CII) Operators Permit – Form 238-3A

Principal Driller's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

DL  CI  CII  Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Mailing or Street Address \_\_\_\_\_

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

**CERTIFICATION – TO BE COMPLETED BY PRINCIPAL DRILLER APPLICANT**

**ATTENTION:** Read the following paragraphs before signing this application.

A false or dishonest answer to any question in this application may be grounds for revocation or refusal to approve the Well Drilling Company's license. All statements made are subject to investigation.

I certify that I have read, understand, and will comply with all Idaho Statutes and Department Rules, including Start Card Procedures.

I certify that all of the statements made in this application are true and correct to the best of my knowledge.

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Date

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Signature of PD or Firm Official  
(As it will appear on Driller Reports)

