

State of Idaho  
Department of Water Resources

<b>THIS BLOCK FOR DEPT USE:</b> Application Status: ___ Approved ___ Denied ___ Cancelled ___ Withdrawn Card Holder ID No. _____
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**APPLICATION FOR CLASS I OPERATOR'S PERMIT**

Class I Operators are entry level employees or apprentices. Testing is not required to become a Class I Operator. Class I Operators are required to be supervised at all times while operating the drill rig or auxiliary equipment. A Licensed Driller or Class II Operator shall be present at the well site at all times when drilling operations are being conducted by a Class I Operator.

**INSTRUCTIONS**

The Application for Class I Operator's Permit must be completed and signed by both the applicant and the Principal Driller of the Company employing the applicant. The completed application must be submitted to a Department of Water Resources Region Office.

A \$25.00 nonrefundable fee must accompany the Application for Class I Operator's Permit.

The applicant is not authorized to operate drilling or related equipment until a Class I Operator's permit card has been issued by the Department.

**SECTION A – TO BE COMPLETED BY APPLICANT FOR CLASS I PERMIT:**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Applicant's Date of Birth: \_\_\_\_\_  
 Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

\* \* \* \* \*

I certify that I will comply with the Idaho Statutes and Department Rules and will construct wells only with the full-time supervision of a licensed well driller or a permitted Class II Operator. I certify that this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date Signature of Applicant (as it will appear on Driller Reports)

**SECTION B – TO BE COMPLETED BY THE PRINCIPAL DRILLER**

Name of Drilling Company \_\_\_\_\_ Drilling Company License No. \_\_\_\_\_  
 Principal Driller of the Drilling Company \_\_\_\_\_  
 Primary Business Address And Phone Number For Principal Driller  
 Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the Class I Operator making this application will receive full-time supervision during well construction by a Licensed Driller or Class II Operator employed by the Company. I certify that this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date Signature of Principal Driller (as it will appear on Driller Reports)