

State of Idaho  
Department of Water Resources

## **INSTRUCTIONS FOR APPLYING FOR RENEWAL OF A WELL DRILLING COMPANY LICENSE**

Renewal of a Well Drilling Company License requires:

- 1) Form 238-2, Application for Renewal of a Well Drilling Company License. Form 238-2 is available on our web page as a fill-in PDF.
- 2) Appropriate fee for each licensed driller and operator
- 3) A new bond, form 238-4 or form 238-5, or bond continuation certificate form 238-6
- 4) Continuing Education Summary and supporting documentation

The Conditions and Procedures for use of Start Card Drilling Permits are included with the renewal application. Please read the procedure, sign the acknowledgement page, and return the acknowledgement page with the renewal application.

The completed documents and appropriate fee must be received by the State Office of the Department of Water Resources **no later than March 15** to assure drillers and operators licensed under your company remain valid without interruption. Incomplete and late applications will be processed as time allows. Send the completed forms and fee to:

Driller Licensing  
Department of Water Resources  
322 East Front Street  
PO Box 83720,  
Boise ID 83720-0098

### **FORM 238-2, Application for Renewal of a Well Drilling Company License**

The Application for Renewal of a Well Drilling Company License Form 238-2 must be signed by the Principal Driller named in the application. The Principal Driller is an Idaho licensed driller in responsible charge of the company's drilling activities.

### **FEE**

A fee of **\$100 per driller** and **\$15.00 per operator** identified on form 238-2 must be submitted with the application.

### **BONDING**

All bonds must be completed and signed by the bonding agent on forms provided by the Department of Water Resources. It is the Principal Driller's responsibility to provide the bonding company with the appropriate Department form. Surety Bond Continuation Certificate form 238-6, Surety Bond form 238-4, and Cash Bond Pledge form 238-5 are available on our web site:

[http://www.idwr.idaho.gov/WaterManagement/WellInformation/DrillerLicensing/dl\\_default.htm](http://www.idwr.idaho.gov/WaterManagement/WellInformation/DrillerLicensing/dl_default.htm) at.

### **CONTINUING EDUCATION CREDITS**

Each licensed driller and operator must submit a separate CEU summary. Make as many copies of the form as necessary. The courses you are claiming for continuing education credits must be listed on the summary. The completed summary and copies of attendance certification must be submitted with the drilling company's license renewal application.

**If your license has expired you may not drill in Idaho until all requirements for renewal have been met and you have received your license card and certificate or other verification from the Department that your license is valid.**

## APPLICATION FOR RENEWAL OF WELL DRILLING COMPANY LICENSE

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

Drilling Company License Number: \_\_\_\_\_

---

---

Principal Driller of Company:

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

Primary Business Address:

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

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

Telephone Numbers:

Primary: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

---

---

Drilling Company Owner (if different from Principal Driller):

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

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

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

Telephone Numbers:

Primary: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

---

---

The Drilling Company's Bond, covering the drilling activities of each licensed driller and operator, is a

Surety Bond  Cash Bond in the amount of (\$5,000-\$20,000): \$ \_\_\_\_\_

Name of Bonding Company or Banking Entity

\_\_\_\_\_

Mailing Address of Bonding Company or Banking Entity

\_\_\_\_\_

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

Phone \_\_\_\_\_

**WELL RIG INFORMATION**

The company license application must include “a 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          |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Mud Rotary          |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Cable Tool          |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Reverse Circulation |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Auger               |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Direct Push         |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Sonic Vibration     |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Core Drill          |      |                |             |
|                     |      |                |             |
|                     |      |                |             |
| Jetted              |      |                |             |
|                     |      |                |             |
|                     |      |                |             |



**Class I (CI) Operators employed by the Company**

CI Operators are entry level and are required to be supervised **at all times** while operating equipment.  
 The appropriate fee must be submitted for each of the individuals listed in this table.

|                                    |      |           |     |
|------------------------------------|------|-----------|-----|
| CI Operator Name                   |      | Phone No. |     |
| Personal Mailing or Street Address | City | State     | Zip |
| CI Operator Name                   |      | Phone No. |     |
| Personal Mailing or Street Address | City | State     | Zip |
| CI Operator Name                   |      | Phone No. |     |
| Personal Mailing or Street Address | City | State     | Zip |
| CI Operator Name                   |      | Phone No. |     |
| Personal Mailing or Street Address | City | State     | Zip |
| CI Operator Name                   |      | Phone No. |     |
| Personal Mailing or Street Address | City | State     | Zip |

Use the following table if you need additional space to include all of your drillers and operators:

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 for every well drilled under this company license number, a driller's report has been filed with the Department within 30 days of completion as required by Section 42-238, Idaho Code.

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

\_\_\_\_\_

Date

\_\_\_\_\_

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

---

**For Department Use Only**

Receipt No. \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Deposit to licensing fee account

### CONTINUING EDUCATION SUMMARY

Summary of Continuing Education Units obtained during the two-year licensing period preceding the application for renewal.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Idaho Well Drilling Company Name \_\_\_\_\_

Well Drilling Company License No. \_\_\_\_\_

Please list the conferences/conventions you attended and the number of continuing education units earned. The completed summary and **certificates of attendance** must be submitted with the drilling company's license renewal application. In addition, it is the responsibility of the driller/operator to maintain documentation records for a period of three (3) years and have them available for review by the Department.

| Date of Course | Convention | Presented by | Credit Hours Earned |
|----------------|------------|--------------|---------------------|
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |
|                |            |              |                     |

#### CERTIFICATION

A false or dishonest entry in this summary may be grounds for revocation or refusal to renew the well driller's license or operator's permit. All statements are subject to investigation.

I certify that I have earned the credit hours listed above by attending the entire class time and that the information given in this summary is true and correct to the best of my knowledge and belief.

\_\_\_\_\_

\_\_\_\_\_

Date

Signature