

State of Idaho
Department of Water Resources

THIS BLOCK FOR DEPT USE: Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Withdrawn Card Holder ID No. _____

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 _____

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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)