



# APPLICATION FOR IDAHO CLASS II OPERATOR’S PERMIT (WELL DRILLING): INSTRUCTIONS

*You must have a valid Idaho Operator’s Permit or Driller’s License to operate drilling equipment in the State of Idaho. Class II Operators require adequate supervision, as defined in the Idaho Well Driller Licensing Rules, at each well site from a Licensed Driller employed by the drilling company.*

To be considered for an Idaho Class II Operator’s Permit, applicants are required to submit:

## 1) APPLICATION & SUPPORTING DOCUMENTS

- **Application Form for a Class II Operator’s Permit (Form 238-3A):** The application form must be completed and submitted to an IDWR Regional Office (see location information below). The application form must be signed by the applicant and the Principal Driller of the drilling company employing the applicant.
- **Application Fee:** If the applicant does not presently hold a valid Class I Operator’s permit, a \$25.00 non-refundable fee must accompany the application for Class II Operator’s Permit. A fee is not required if the applicant is presently permitted as a Class I Operator. However, the expiration date of the permit when converted to a Class II Operator’s permit will remain as originally issued under the Class I Operator’s permit.
- **Experience Requirements (per Well Driller Licensing Rules 37.03.10.030.02):** Documentation is required to demonstrate that the applicant has successfully constructed a sufficient number of wells, has constructed wells for a sufficient length of time, or a combination of both.

## 2) EXAM

- **Submit Application:** Twenty (20) days before the exam date, the applicant must submit all documents listed in item 1 above (application form, application fee, and proof of experience) to the IDWR Regional Office where the exam will be taken (see location information below).
- **Schedule the Exam:** The IDWR Regional Offices (listed below) schedule and administer licensing exams. Generally, exams are scheduled the first Monday of each quarter. Contact an office for specific dates and times.
- **Pass the Exam:** An applicant must pass the licensing exam with a score of at least 70%.

IDWR REGIONAL OFFICES			
<b>Western Region</b> 2735 Airport Way Boise ID 83705-5082 Phone: 208-334-2190	<b>Eastern Region</b> 900 N. Skyline Drive, Ste A Idaho Falls ID 83402-1718 Phone: 208-525-7161	<b>Northern Region</b> 7600 N. Mineral Dr. Coeur d’Alene ID 83815 Phone: 208-762-2800	<b>Southern Region</b> 650 Addison Ave W, Ste 500 Twin Falls, ID 83301-5858 Phone: 208-736-3033



# APPLICATION FOR IDAHO CLASS II OPERATOR'S PERMIT (WELL DRILLING)

## PART I: APPLICANT

APPLICANT INFORMATION			
Last Name	First Name		MI
Mailing Address	City	ST	Zip
Contact Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Date of Birth (MM/DD/YYYY)	Place of Birth: City	Place of Birth: State	Place of Birth: Country (if not USA)

APPLICANT EXPERIENCE		
<b>Attach Idaho driller's reports</b> bearing your (the applicant's) signature and the signature of the driller having responsible charge, a list of well tag numbers IDWR has on file, or other documentation acceptable to IDWR. If your experience was gained in a state other than Idaho, submit copies of 12 well logs or driller's reports demonstrating your involvement in well construction in the respective states.		
Length of time spent actually operating drilling equipment:	Months	Years
Other well drilling-related experience. Describe on an additional page:	Months	Years

APPLICANT SIGNATURE	
By signing below, I CERTIFY THAT I will comply with the Idaho Statutes and Department Rules and will construct wells only with adequate supervision as defined by Idaho Well Driller Licensing Rules (37.03.10) during Critical Phases of Construction as defined by the rules (37.03.9). I certify that this application is true and correct to the best of my knowledge.	
X	

Applicant Signature (as it will appear on Well Driller's Reports)

Date

## PART II: COMPANY AND PRINCIPAL DRILLER

COMPANY INFORMATION			
Drilling Company Employing Applicant			IDWR Co. License #
Company Mailing Address	City	ST	Zip
Company or Principal Driller Phone #	Phone type (select one): <input type="checkbox"/> company <input type="checkbox"/> PD mobile <input type="checkbox"/> PD office	Company or Principal Driller Email Address	

PRINCIPAL DRILLER SIGNATURE		
By signing below, I CERTIFY THAT I or another Licensed Driller employed by the company described above will provide adequate supervision, as defined by Idaho Well Driller Licensing Rules, to the Class II Operator making this application, during critical phases of well drilling and construction as defined by the Rules. I certify that this application is true and correct to the best of my knowledge.		
X		

Principal Driller's Signature

Principal Driller Name (please print clearly)

Date