



Idaho Department of Water Resources • PO Box 83720, Boise ID 83720 • www.idwr.idaho.gov • 208-287-4800

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

Class I Operators are entry-level employees or apprentices; a test is not required to receive a Class I Operator's permit. Class I Operators must be supervised by a Licensed Driller or Class II Operator at all times when any drilling operations are being conducted by the Class I Operator (such as operating the drill rig or auxiliary equipment). **The applicant is not authorized to operate drilling or related equipment until a Class I Operator's permit card has been issued by IDWR.**

To receive a Class I Operator's Permit, applicants must submit the following to an IDWR office:

- **Application for Idaho Class I Operator's Permit (Form 238-13):** The application must be complete, including signatures from both the applicant and principal driller of the company employing the applicant.
- **Application Fee:** A \$25 non-refundable application fee must accompany this application form.

### 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 SIGNATURE
By signing below, 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 permitted Class II Operator. 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 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 named above and 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

FOR IDWR OFFICE USE ONLY			
Receipt No.	Fee \$	Date Rec'd	Rec'd by