

FOR IDWR OFFICE USE ONLY
Cardholder ID#

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

WELL DRILLER/OPERATOR COMPANY TRANSFER FORM

Well Drillers or Operators transferring employment from one Idaho well drilling company to another must complete this form (238-1B) and return it, along with their driller's or operator's card for their former company, to IDWR at the address below. A new card will be issued to the applicant and mailed to the company address listed on this form.

Send this completed form and the permit card for the former company to:

Idaho Department of Water Resources Attn: Well Driller Licensing PO Box 83720 Boise, ID 83720-0098

PARTI: TRANSFE	KKING APPI	LICANI						
APPLICANT INFOR	MATION							
Former Co. License #	Last Name	ast Name First N			st Name		MI	
Mailing Address			City			ST	Zip	
Contact Phone #		Phone type (select o	· —	Em	ail Address			
A DDLLCANT CLCALA	FLIDE	mobile ho	me work					
APPLICANT SIGNA	TUKE							
x								
Applicant Signature (as it will appear on Well Driller's Reports) Date								
PART II: NEW CO	NADANIV ANI	D DDINCIDAL D	DIIIED					
		D FRINCIPAL D	KILLLIX					
COMPANY INFORMATION Drilling Company Employing Applicant							IDWR Co. L	icense #
Drining company Empi	cynig Applicant						IDVIN CO. L	icerise ii
Company Mailing Address			City		ST	Zip		
Company or Principal [Oriller Phone #	Phone type (select one):			ompany or Principal Driller Email Address			
☐ company] pp -#:					
		PD mobile	PD office					
PRINCIPAL DRILLE								
By signing below, I C			•					tate
Rules and Regulation	is (IDAPA). I cer	tify that this applic	ation is true an	d co	rrect to the	e best of my ki	nowledge.	
.,								
X								
Principal Driller's Signature Principal Driller Name (please print clearly) Date								