



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

# APPLICATION FOR IDAHO WELL DRILLER’S LICENSE: INSTRUCTIONS

To be considered for an Idaho Well Driller’s License, applicants are required to submit:

## 1) APPLICATION & SUPPORTING DOCUMENTS

- **Application Form for a Well Driller’s License (Form 238-9A):** 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:** A \$200 application fee must accompany the application form (Form 238-9A).
- **Experience Requirements (per Well Driller Licensing Rules 37.03.10.030.)**
  - The applicant must submit evidence that he/she has a minimum of twenty-four (24) months of drilling experience and that twelve (12) of the twenty-four (24) months drilling experience has occurred within the five (5) year period immediately preceding the filing of the application. One (1) month of drilling experience may be credited for every 160 hours of employment as a driller, operator, or equivalent. Experience drilling monitoring wells, geothermal wells, or other cased wells will be credited as experience if the equipment and drilling methods are applicable to water well construction.
  - Successful completion of classroom study in geology, well drilling, map reading, and other related subjects may be substituted for up to, but not exceeding, twelve (12) months of drilling experience. IDWR will determine the number of months of classroom study (up to 12 months) to be credited as experience.
- **Letters of Reference:** The names and addresses of up to three (3) references to confirm the applicant’s drilling experience may be requested at the department’s discretion.

## 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, letters of reference, 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%.

**3) BONDING:** A company must have a bond in an amount determined by the Director within the limits of 42-238, Idaho Code, covering each driller licensed by the company. An applicant who intends to drill wells as an individual and not for a company must secure an individual bond.

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



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# APPLICATION FOR IDAHO WELL DRILLER'S LICENSE

**You must have a valid Idaho Operator's Permit or Driller's License to operate drilling equipment in the State of Idaho.**

All Licensed Drillers and the drilling company's Principal Driller are responsible to provide adequate supervision to operators running the drilling equipment and other laborers who are assisting in well construction.

Submit complete applications to the same IDWR Regional Office where you will be taking the licensing exam (see Instructions for locations). Application, fees, and supporting documents must be received by IDWR no less than 20 days before the licensing exam date.

## 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

Use the space below (and/or attach a separate page) to describe your experience, training, and responsibilities relative to operation of well drilling equipment, well construction, and well design. Evidence of experience can be shown through driller's reports bearing your signature and the signature of the driller having responsible charge, well tag numbers IDWR has on file, and/or other documentation acceptable to IDWR.

**APPLICANT CLASSROOM STUDY (if applicable. Not required.)**

List any classroom study you have completed in geology, hydrology, well drilling, map reading, or other related subjects.

Subject or Course Title	School Name	Hours Completed	Credits Received

**APPLICANT REFERENCES**

The names and addresses of up to three (3) references to confirm the applicant's drilling experience may be requested at the Department's discretion.

**APPLICANT SIGNATURE**

By signing below, I CERTIFY THAT:

- I have read, understand, and will comply with all Idaho Statutes and IDWR Rules, including Start Card Procedures;
- I will provide adequate supervision to Operators under my responsible charge and will review all related Well Driller's Reports prior to submittal;
- This application is true and correct to the best of my knowledge.

X

Applicant Signature (as it will appear on 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 Physical Address (if different from mailing address)	City	ST	Zip
Company or Principal Driller Phone #	Phone type (select one): <input type="checkbox"/> Company office <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 applicant named above is an employee of the drilling company (covered by workman's compensation);
- I will be responsible to oversee this employee's drilling activities for the drilling company and will review and sign all related Well Driller's Reports prior to submittal;
- The foregoing information 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 \_\_\_\_\_

Form 238-9A  
Page 2 of 2  
Rev 07/12/23