



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

APPLICATION FOR AN IDAHO DRILLING EQUIPMENT OPERATOR’S PERMIT: INSTRUCTIONS

You must have a valid Idaho Operator’s Permit or Driller’s License to operate drilling equipment in the State of Idaho. Operators are authorized to operate drilling equipment for a Licensed company or licensed Driller.

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

1) APPLICATION & SUPPORTING DOCUMENTS

- **Application Form for an 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:** A \$25.00 non- refundable fee must accompany the application for an Operator’s Permit.
- **Experience Requirements (per Well Driller Licensing Rules 37.03.10.032.01):** An applicant for an operator’s permit shall submit:
 - Evidence to establish a minimum of 600 hours of well drilling experience acquired while in the presence of a licensed driller or operator.
 - Attendance records, completion certificates, or other documentation to verify attendance and completion of two continuing education credit hours, approved by the continuing education committee, earned while training to become an operator.

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



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PART I: APPLICANT

APPLICANT INFORMATION			
Last Name	First Name		MI
Mailing Address	City	ST	Zip
Contact Phone #	Phone type (select one): 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
<p>Attach Idaho driller's reports bearing your (the applicant's) signature and the signature of the supervising driller, 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 driller's reports or other documentation demonstrating your involvement in well construction in the respective states.</p>	
Length of time spent actually operating drilling equipment:	Months Years
Other well drilling-related experience. Describe on an additional page:	Months Years

APPLICANT	SIGNATURE
<p>By signing below, I CERTIFY THAT I will comply with the Idaho Statutes and Department Rules and will construct wells under supervision as described in Idaho Well Driller Licensing Rules (37.03.10). I certify that this application is true and correct to the best of my knowledge.</p>	
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		
<p>By signing below, I CERTIFY THAT I or another Licensed Driller employed by the company described above will provide supervision as described by Idaho Well Driller Licensing Rules, to the Operator making this application. I certify that this application is true and correct to the best of my knowledge.</p>		
X		

Principal Driller's Signature

Principal Driller Name (please print clearly)

Date