



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

APPLICATION FOR RENEWAL OF AN IDAHO WELL DRILLING COMPANY LICENSE: INSTRUCTIONS

If your company license has expired you may not drill in Idaho until all requirements for renewal have been met and you receive your license card, certificate, or other verification from IDWR that your license is valid.

In order to renew an Idaho Well Drilling Company License, applicants must submit the following:

- 1) APPLICATION:** Form 238-2 (Application for Renewal of Well Drilling Company License) must be signed by the company's Principal Driller, as named on the application (the Principal Driller is an Idaho licensed driller in responsible charge of the company's drilling activities).
- 2) RENEWAL FEE:** A fee of **\$100 per licensed driller** and **\$15 per operator** (as listed on page 3 and 4 of the application) must be submitted with the renewal application. The renewal fee payment must be paid by cash, money order, or check made out to IDWR. The renewal fee may also be paid by credit/debit card at any IDWR office (in-person only).
- 3) BOND:** Form 238-6 (Surety Bond Continuation Certificate), Form 238-4 (Surety Bond), *or* Form 238-5 (Cash Bond Pledge) must be included with the renewal application. All bonds must be completed and signed by the bonding agent on forms provided by IDWR. The Principal Driller is responsible for providing the bonding company with the appropriate IDWR form. Bond forms can be downloaded from the IDWR website at www.idwr.idaho.gov → Wells → Forms → Driller Licensing Forms.
- 4) CONTINUING EDUCATION SUMMARY AND CERTIFICATES:** Each licensed driller and Operator must submit a separate continuing education summary form and *copies of their certificates* (use the Continuing Education Summary form included in this application to make as many copies as needed). The courses being claimed for continuing education credit must be listed on the summary form and *must be accompanied by a copy of the course completion certificate(s)*.

*The renewal application and other supporting documents listed above, including the renewal fee, **must be received by the IDWR main office in Boise (address below) no later than March 15** to ensure drillers and operators licensed under the company remain valid without interruption.* Applications are processed in the order they are received. Incomplete and late applications will be processed as time allows.

Send completed renewal applications, supporting documents, and fees to:

Idaho Department of Water Resources
Attn: Driller Licensing
322 E Front St.
PO Box 83720
Boise, ID 83720-0098



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PART I: COMPANY

Company Name			IDWR Co. #
CONTACT INFORMATION			
Principal Driller Name			
Company Mailing Address		City	ST Zip
Company Physical Address (if different from mailing address)		City	ST Zip
Company Contact Phone #	Phone type (select one): <input type="checkbox"/> PD mobile <input type="checkbox"/> office	Company Email Address	
Company Fax #	Company Website		
COMPANY OWNER (if different from Principal Driller)			
Last Name		First Name	MI
Mailing Address		City	ST Zip
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> office	Email Address	
BOND INFORMATION			
Bond Type: <input type="checkbox"/> Surety Bond <input type="checkbox"/> Cash Bond	Bond Amount (\$5,000 - \$20,000)	Bonding Co./Banking Entity Phone #	
Bonding Company or Banking Entity Name			
Company/Bank Mailing Address Line 1 (PO Box, Street, etc.)			
Company/Bank Mailing Address Line 2 (Suite, Attn, C/O, Dept)		City	ST Zip

FOR IDWR OFFICE USE ONLY

Receipt No. _____ Fee \$ _____ Date Rec'd _____ Rec'd by _____

PART II: DRILLERS AND OPERATORS

List all Drillers and Operators who currently hold an Idaho license, are employed by the drilling company, and are covered under the Well Driller's Bond. ***The appropriate fee must be submitted for each of the individuals listed on this table: \$100 per licensed driller (including PD) and \$15 per operator.***

PRINCIPAL DRILLER (PD)			
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> office	Email Address	
LICENSED DRILLERS (DL)			
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
OPERATOR (OP)			
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	

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Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
Last Name	First Name	MI	IDWR License Card No.
Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	

ADDITIONAL DRILLERS AND OPERATORS

Use the following table if additional space is needed to list all licensed drillers (DL) and operators (OP).

License Type DL OP	Last Name	First Name	MI	IDWR License Card No.
	Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
License Type DL OP	Last Name	First Name	MI	IDWR License Card No.
	Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
License Type DL OP	Last Name	First Name	MI	IDWR License Card No.
	Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
License Type DL OP	Last Name	First Name	MI	IDWR License Card No.
	Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
License Type DL OP	Last Name	First Name	MI	IDWR License Card No.
	Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	
License Type DL OP	Last Name	First Name	MI	IDWR License Card No.
	Phone #	Phone type (select one): <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work	Email Address	

CERTIFICATION (to be completed by Principal Driller)

I certify that I have read, understand, and will comply with all Idaho Statutes and Department Rules, including Start Card Procedures. I certify that for every well drilled under this company license number a driller's report has been filed with IDWR within 30 days of completion as required by Idaho Code § 42-238. I certify that all of the statements made in this application are true and correct to the best of my knowledge.

X

Principal Driller's Signature (as it will appear on driller reports)

Date

Principal Driller Name (please print clearly)

CONTINUING EDUCATION SUMMARY

Each licensed driller and Operator must complete the table below, **attach copies of certificates of attendance for each course listed**, and submit them along with the completed company renewal application. (Make additional copies of this summary sheet as necessary.) The table must list all continuing education credits obtained during the two-year licensing period preceding the application for renewal. In addition, every driller and Operator is responsible for maintaining continuing education records (such as original certificates) for 3 years and have them available for review by IDWR upon request.

DRILLER/OPERATOR INFORMATION		
Last Name	First Name	MI
Company Name		IDWR Co. #

COURSE/CREDIT INFORMATION (attach copies of certificates for each course listed)			
Course Date	Convention/Event	Presented by	Credit Hours Earned

CERTIFICATION

I certify that I have earned the credit hours listed above by attending the entire class time and that the information given in the summary is true and correct to the best of my knowledge and belief. I acknowledge and understand that a false or dishonest statement in this summary may be grounds for revocation or refusal to renew my well driller’s license or operator’s permit and that all statements made are subject to investigation.

X

Driller/Operator Signature (as it will appear on driller reports)

Date