

APPLICATION FOR OPERATOR CERTIFICATION

STATE OF OKLAHOMA Oklahoma Water Resources Board

3800 North Classen Boulevard
Oklahoma City, Oklahoma 73118
(405) 530-8800 Fax (405) 530-8900 www.owrb.ok.gov

DPC Number _____

(Official Use Only)

Operator Number _____

(Official Use Only)

PERSONAL INFORMATION:

DATE STAMP _____

License Name: _____

(Name of Firm, Company, Corporation of Individual)

Phone () _____

Operator Name: _____

(Name of Individual)

Cell () _____

Home Address _____

City _____

State _____

ZIP _____

Mailing Address _____

City _____

State _____

ZIP _____

E-Mail _____

Check one or more of the following categories:

COMMERCIAL DRILLING AND PLUGGING OF:

- | | | | |
|--------------------------|--|------------------|-------|
| <input type="checkbox"/> | 1. GROUNDWATER WELLS, GROUNDWATER TEST HOLES AND OBSERVATION WELLS | Experience _____ | Years |
| <input type="checkbox"/> | 1a. CATHODIC PROTECTION WELLS ONLY | _____ | Years |
| <input type="checkbox"/> | 2. MONITORING WELLS AND GEOTECHNICAL BORINGS | Experience _____ | Years |
| <input type="checkbox"/> | 2a. CATHODIC PROTECTION WELLS ONLY | _____ | Years |
| <input type="checkbox"/> | 3. COMMERCIAL INSTALLATION OF WATER WELL PUMPS | Experience _____ | Years |
| <input type="checkbox"/> | 3a. PLUGGING OF CERTAIN WATER WELLS | _____ | Years |
| <input type="checkbox"/> | 4. HEAT EXCHANGE WELLS - (Geothermal) | Experience _____ | Years |
| <input type="checkbox"/> | 5. MARGINAL QUALITY GROUNDWATER | Experience _____ | Years |

A letter of verification and description of the two years of qualifying experience is required for all categories.

Education: A certified copy of education transcript is required.

Has Applicant been a resident of the State of Oklahoma for the last 90 days? _____

YES

NO

If the Applicant is licensed in another state, please list the State, License Name, Number and Contact Person.

I certify that the above information is true and correct to the best of my knowledge and that I will comply with the applicable laws and regulations of the State of Oklahoma

Date of Board Approval _____

Signature of Applicant _____

Activities Approved _____

NOTE: THIS AFFIDAVIT MUST BE COMPLETED BY EVERY NATURAL INDIVIDUAL WHO SEEKS ANY KIND OF NEW OR RENEWED PERMIT, LICENSE, CERTIFICATION, CONTRACT, GRANT OR OTHER BENEFIT FROM THE OKLAHOMA WATER RESOURCES BOARD

In the Matter of the Application of _____)

_____)
(First, Middle and Last Name of Applicant)

for _____)

Drilling/Pump Contractor and Operator License))

(Type of License, Permit, Contract or Other Benefit)

DPC No. _____

OP No. _____

AFFIDAVIT:

STATE OF _____)

)

) §

COUNTY OF _____)

I, _____, upon my oath or affirmation, and under penalty

(Applicant Name Print)

of perjury, state (INDICATE BY YOUR INITIALS WHICHEVER OPTION IS TRUE):

I am a citizen of the United States of America.

(Initial)

I am a qualified alien under the federal Immigration and Nationality Act and I am lawfully present in the

(Initial) United States. My A-number is _____ and a true and correct copy of my immigration document, including my date of birth, user case number, and immigration document type and its expiration date, is attached.

(Signature of Applicant)

The foregoing was acknowledged before me this _____ day of _____, 20____.

Notary Public

(SEAL)

My commission expires: _____

Commission Number: _____

**STATE OF OKLAHOMA
APPLICATION FOR DPC OPERATOR'S CERTIFICATE**

**Oklahoma Water Resources Board
3800 Classen Boulevard
Oklahoma City, Oklahoma 73118
Phone: (405) 530-8800 Fax (405) 530-8900
www.owrb.ok.gov**

DPC Number: _____
(Official Use Only)

OP Number: _____
(Official Use Only)

(Name of Firm, Company, Corporation or Individual)

Name of Operator: _____

Social Security Number: _____

CONFIDENTIAL

Firm Name _____ Op Name _____

DRILLING/PUMP CONTRACTORS LICENSE

FEE

Drilling/Pump Contractor (DPC) Application Fees:

DPC In-State (includes one category)	\$400.00	
Indemnity Fund (paid with any new DPC application)	\$250.00	
DPC Out-of-State (includes one category)	\$1000.00	
Indemnity Fund Out-of-State (paid with any new DPC application)	\$400.00	
Additional Categories and Indemnity		
1 st category included with application fee.		
2 nd category fee	\$200.00	
3 rd category fee	\$200.00	
4 th category fee	\$200.00	
Additional Operators		
One operator (included with contractor application)		
1 st Additional Operator	\$100.00	
2 nd Additional operator certificate	\$100.00	
3 rd Additional operator certificate	\$100.00	
Each Additional operator	\$100.00	
Testing Fee - Each Operator		
Groundwater wells, test holes and observation wells	\$50.00	
Monitoring wells and geotechnical borings	\$50.00	
Pump installation	\$50.00	
Heat exchange wells	\$50.00	
Marginal Quality Groundwater	\$50.00	
Firm Changes		
Firm Name Change Fee	\$50.00	
Transfer Operator Fee	\$50.00	
TOTAL DUE		\$

For more information or if you have questions call: 405-530-8800