

RESTRICTED DRILLER'S LICENSE

Application Form

1. **APPLICANT:** Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____
Email _____

2. **BUSINESS:** Company Name _____
Address _____
City _____ State _____ Zip code _____
Telephone Number _____
Email _____

3. **EXPERIENCE RECORD:**
 - (a) Have you ever been denied a driller's/contractor's license or had a driller's/contractor's license revoked, cancelled, or suspended by any state?
____yes ____no
If you checked yes, provide the details in Block 6 ADDITIONAL INFORMATION / COMMENTS including the date and reason the action was taken, and the state in which the action was taken.
 - (b) How many years experience do you have in drilling, where you were actually responsible for operating the drilling rig? _____
 - (c) How many boreholes have you drilled in the past five (5) years? _____
 - (d) Of the number included in 3.(c), how many were: Monitor wells _____
Seismic Holes ____ Geotech Boreholes ____ Other (specify purpose) _____
 - (e) What was the depth of the deepest well/borehole you have drilled? _____
 - (f) What was the diameter of the largest well/borehole you have drilled? _____
 - (g) Are you a licensed driller in another state? ____ If so, What state? _____(Attach a copy of your current license from the state named above to this application.)

4. **REFERENCES:**
 - (a) Provide the names and contact information for three (3) licensed drillers or other individuals who have supervised your work and/or have first hand knowledge of your qualifications and experience as a driller/contractor.
Provide a Notarized Affidavit from each of the references listed attesting to your qualifications and experience as a driller/contractor.
Name _____ Lic. No. _____ Licensing State _____
Address _____ Telephone No. _____
City _____ State _____ Zip Code _____

Name _____ Lic. No. _____ Licensing State _____
Address _____ Telephone No. _____
City _____ State _____ Zip Code _____

Name _____ Lic. No. _____ Licensing State _____
Address _____ Telephone No. _____
City _____ State _____ Zip Code _____

- (b) Provide the names and contact information of two (2) individuals, not related to you, for whom you have conducted drilling operations. The persons named may be authorized representatives of companies for whom you have conducted drilling operations.

Name _____ Telephone No. _____
Address _____
City _____ State _____ Zip Code _____

Name _____ Telephone No. _____
Address _____
City _____ State _____ Zip Code _____

**5. DESCRIPTION OF DRILLING EQUIPMENT YOU WILL USE, IF YOU ARE LICENSED:
(If this application is approved, applicant must also submit drill rig registration form within ten days after license is issued.)**

- (a) Drill Rig: Make and Model _____
Maximum Capability (depth in feet) _____

- (b) Water Tank Truck: Make and Model _____

- (c) If the above listed equipment is owned by someone other than yourself, provide the name, telephone number, and address of the owner:

Name _____ Telephone No. _____
Address _____
City _____ State _____ Zip Code _____

- (d) If the equipment you plan to use is not commercially manufactured, attach a detailed description and photograph of the equipment.

6. ADDITIONAL INFORMATION / COMMENTS: _____

7. I hereby certify, under penalty of revocation of any license issued pursuant to this application, that the information I have provided in this application is true and correct, to the best of my knowledge. I further grant my references authority to provide information regarding my experience and qualifications as a water well driller to the Mississippi Department of Environmental Quality in support of this application.

Signature of Applicant

NOTARY:
STATE OF _____, COUNTY OF _____

THIS DAY, _____ personally came and appeared before the undersigned authority in and for the aforesaid jurisdiction.

SWORN to and subscribed before me on this the _____ day of _____, 20____.

My Commission expires: _____

NOTARY PUBLIC