

**State of Idaho  
Department of Water Resources**

**INSTRUCTIONS FOR APPLYING FOR A WELL DRILLER'S LICENSE**

Application for an Idaho Driller's license requires:

- 1) An application fee of \$200.00
- 2) Form 238-9A, Application For a Well Drillers License
  - a. Letters of reference
  - b. Documentation of experience
- 3) Passing an examination
- 4) Bonding

**Application**

An Application for a Well Driller's License (Form 238-9A) must be completed and submitted with the application fee to the appropriate Region Office of the Department of Water Resources. The application must be signed by the applicant and the Principal Driller of the Drilling Company employing the applicant.

At least three letters of reference are required verifying the applicant's drilling experience. Two references must be persons other than present employer/fellow employees or relatives. You must attach these letters of reference to the application.

The applicant must meet the drilling experience requirements described in IDAPA 37.03.10, Idaho Well Driller Licensing Rules. Twelve (12) of the required months of experience must have been acquired within the five (5) year period immediately preceding the filing of the application. Documentation of drilling experience must include the length of time and the type of work done for each employer and the name of the principal driller or equivalent.

**Exam**

An applicant for a Drillers license is required to pass an examination with a score of at least 70% prior to being licensed. Exams are administered by the Idaho Department of Water Resources Region Offices. The application for a Well Driller's License must be completed and submitted to the Region Office where the exam will be taken at least 20 days prior to the exam. Call one of the following Region Offices in advance for information on regularly scheduled exams. If you are scheduled for an exam and need to cancel, please notify the Region Office in advance.

**To schedule a well driller's exam, call one of the following region offices:**

<b>Idaho Dept Of Water Resources Region Office Location And Contact Information</b>	
<u>Western Region</u> 2735 Airport Way Boise ID 83705-5082 Phone: 208-334-2190	<u>Eastern Region</u> 900 N. Skyline Drive, Suite A Idaho Falls ID 83402-1718 Phone: 208-525-7161
<u>Northern Region</u> 7600 N. Mineral Dr. Coeur d'Alene ID 83815 Phone: 208-762-2800	<u>Southern Region</u> , 650 Addison Ave W, Ste 500 Twin Falls, ID 83301-5858 Phone: 208-736-3033

**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.

**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 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.**

**FOR DEPARTMENT USE ONLY:**  
 \_\_\_Approved \_\_\_Denied \_\_\_Cancelled \_\_\_ Withdrawn  
 Cardholder ID #: \_\_\_\_\_

**State of Idaho  
 Department of Water Resources**

**APPLICATION FOR WELL DRILLER'S LICENSE**

**SECTION A –APPLICANT:**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Have you passed the Idaho Well Driller's Exam?  Yes  No. If not, you must contact a Region office (see instructions for locations) to schedule the exam.

Describe your experience, training, and responsibilities relative to operation of well drilling equipment, well construction, and design to establish that you have successfully constructed a sufficient number of wells within the preceding thirty (30) months to demonstrate competency. Evidence of experience can be demonstrated by the submission of driller's reports bearing the applicant's signature and the signature of the driller having responsible charge, well tag numbers the Department has on file, or other documentation acceptable to the director. (Use a separate sheet of paper if you need more room to write)

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Classroom study completed in geology, hydrology, well drilling, map reading or other related subjects		
School Attended	Hours Completed	Credits Received

References: Provide letters of reference from three people who can attest to your understanding and experience related to well construction and drilling. Only one reference may be from your current employer, fellow employees, or relatives.

I CERTIFY THAT: A) I have read, understand, and will comply with all Idaho Statutes and Department Rules, including Start Card Procedures; B) I will provide adequate supervision to those Class I and Class II Operators under my responsible charge and will review all related Well Driller's Reports prior to submittal; C) This application is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant (as it will appear on Driller Reports)

**SECTION B – TO BE COMPLETED BY THE PRINCIPAL DRILLER:**

Name of Drilling Company Employing Applicant \_\_\_\_\_

Drilling Company License No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Init \_\_\_\_\_

Primary Business Address:

Mailing \_\_\_\_\_ Physical \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**I CERTIFY THAT:**

- A) The applicant named above is an employee of this Drilling Company (covered by workman's compensation)
- B) 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;
- C) The foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Principal Driller (as it will appear on Driller Reports))

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**FOR DEPARTMENTAL USE:**

Receipt No. \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Deposit to licensing fee account