

Preference of Interview Location  
 Carson City  Las Vegas

STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES  
Carson City, Nevada 89701

Preference of Written Examination Location  
 Carson City  Las Vegas  
 Elko

## APPLICATION FOR WELL DRILLER'S LICENSE

**APPLICATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN**

1. Applicant's name \_\_\_\_\_ SSN \_\_\_\_\_ (Required per NRS 534.146)

Applicant's email address \_\_\_\_\_

Applicant's mailing address \* \_\_\_\_\_ Phone No. \_\_\_\_\_

Business name \_\_\_\_\_

Business mailing address \* \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Person or persons doing business as (dba) firm, copartnership, association or corporation)

\*(Check the box for where you would like your correspondence sent.)

2. Type of license for which application is being made: Choose only one. "Water Wells" allows you to drill all types of wells.

Water Wells  Monitor Wells  Requesting a limited license

Limited by: \_\_\_\_\_ and/or \_\_\_\_\_  
Equipment Type of wells

3. Describe well drilling equipment you have operated (make and model):  
\_\_\_\_\_

4. Do you intend to work for a contractor?  Yes  No If yes, give name and address of contractor:  
\_\_\_\_\_

5. Have you applied for a contractor's license from the Nevada State Contractor's Board?  Yes  No

**In accordance with NRS 534.140, Section 8, if you own, rent, lease or are under contract to purchase a drilling rig, you must obtain a Well Drilling Contractor's License (C-23).**

6. REFERENCES: Persons who have personal knowledge of applicant's experience as a water well driller (a minimum of four references must be shown, list only two references from the same company). Incomplete reference contact information will result in the immediate rejection of your application. Each reference must be able to verify a minimum of 1 year of well drilling experience under a licensed well driller.

Reference Name

Employer

Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
Email City, State, ZIP

\_\_\_\_\_  
Street

\_\_\_\_\_  
Email City, State, ZIP

\_\_\_\_\_  
Street

\_\_\_\_\_  
Email City, State, ZIP

\_\_\_\_\_  
Street

\_\_\_\_\_  
Email City, State, ZIP

7. If applicant is currently licensed in another state, give name of state, license number, date issued and address of state authority:

8. Have you ever applied to or been a licensed Nevada well driller?  Yes  No

If you were licensed, what was that license #? \_\_\_\_\_

**IMPORTANT:** Experience must be complete and must include the following information. **Lack of sufficient information may result in rejection of your application.** (Attach additional sheets if necessary.) You must show at least 2 years of full time experience under a licensed well driller.

9. EXPERIENCE: **Please be sure to fill out this portion of the application completely.**

(a) Beginning with your most current experience, give a complete record of all your employment.

(b) For "your duties" describe completely the kind of drilling work you did and your responsibilities. Show the number of persons you supervised. Be sure to state your reason for leaving. (Attach more sheets if necessary.)

Length of employment _____ From _____ Mo/Day/Yr To _____ Mo/Day/Yr	Employer _____ City/State _____ Your duties <u>in detail</u> including number and type of wells drilled _____ Reason for leaving _____ No. of wells drilled _____ Name of immediate supervisor _____ Phone number _____
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<b>EDUCATION:</b>	Date Attended	Highest Grade Completed (1-12)	Did you graduate
Elementary-High School: Indicate name and location of last school attended:	From: (Yr)		<input type="checkbox"/> Yes
_____ Name _____	To: (Yr)	_____	<input type="checkbox"/> No
_____ Address _____			

High school equivalent: Successful completion:  Yes  No  GED  Military Program  Other \_\_\_\_\_  
Date \_\_\_\_\_ Score \_\_\_\_\_

Business or Vocational school:	Dates Attended From: (Yr)	Credits earned	List subjects taken on additional sheets
_____ Name _____	To: (Yr)	_____	Completed:
_____ Address _____		Class hours per day _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

College or University:	Dates Attended From: (Yr)	Credits earned	Major _____
_____ Name _____	To: (Yr)	Quarter _____	Minor _____
_____ Address _____		or _____	Type of degree rec'd _____
		Semester _____	Date degree rec'd _____

Graduate School:	Dates Attended From: (Yr)	Credits earned	Major _____
_____ Name _____	To: (Yr)	Quarter _____	Minor _____
_____ Address _____		or _____	Type of degree rec'd _____
		Semester _____	_____

**TO THE STATE ENGINEER OF NEVADA:**

The applicant understands that if at any time they are found to be non-compliant with any of the statutes or regulations established by the Nevada Division of Water Resources, they will be subject to disciplinary action up to and including suspension or revocation of his license, pursuant to NAC § 534.500.

The applicant understands that the Board is authorized to conduct examinations of any applicant to determine the responsibility, ability, knowledge, experience or other qualification of the applicant for a license and that this application will be classified as a public record and will be available for inspection by the public.

The applicant understands that being granted a license from the State Engineer does not exempt them from other Federal, State, and local jurisdictional requirements or permitting.

**WAIVER OF RIGHT TO NOTICE PURSUANT TO NRS 241.033 AND 241.034**

I acknowledge that I am aware that NRS 241.033 and 241.034 entitle me to a written notice:

- a) Delivered personally to me at least 5 working days before the meeting; or
- b) Sent by certified mail to my last known address at least 21 working days before the meeting

of the Nevada Well Driller's Advisory Board at which administrative action might be taken against me or at which my character, alleged misconduct, professional competence, or physical or mental health may be discussed or considered by the Board. I acknowledge that the Board intends to discuss my character, alleged misconduct, professional competence, or physical or mental health at the next available meeting as such relates to my **application** for certification or licensure by the Board and that the Board intends to make recommendation to the State Engineer to **grant** or **deny** my **application**.

I acknowledge that the Board may decide to hold a closed session to discuss and consider my character, alleged misconduct, professional competence, or physical or mental health.

I acknowledge that because the Board is attempting to act on my application in an expeditious manner, the next meeting of the Board may be scheduled too soon for the Board to afford me the legally required notice pursuant to NRS 241.033 and 241.034. Because the Board might be unable to notify me in time to comply with NRS 241.033 and 241.034, I have two choices:

- 1) **Waive** the 5-day and 21-day notice by so indicating on the enclosed form, below, in which case my properly completed application will be heard by the Board at their next available meeting, or
- 2) Request a timely notice, in which case my properly completed application will not be heard by the Board until the next available meeting after timely notice has been given to me.

By checking one of the following, I hereby state to the Board:

**I waive** my right to timely notice of the hearing on my properly completed application at the next available Board meeting, and I agree that the Board may discuss, consider and act on my application at that meeting, including recommendation for **approval** or **denial** of the application.

*By making this waiver, I assume the responsibility of contacting the Board office from time to time, if I choose to do so, to keep myself apprised of the date of the meeting at which my application will be considered and acted upon.*

**I do not waive** my right to timely notice of the hearing on my application, and I affirm that the Board may not discuss, consider or act on my application until timely notice has been given to me; and, therefore, I acknowledge that my application will not be considered until a later meeting.

**Signature Requirements:** The **APPLICANT** must sign this application.

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. I hereby make application to the State Engineer of Nevada for a Well Driller's License under the provisions of NRS § 534.140 through 534.170, inclusive.**

Applicant's Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

by \_\_\_\_\_

Notary Stamp or Seal Required

Signature of Notary Public Required

**THIS FORM MUST BE NOTARIZED  
\$100.00 FILING FEE MUST ACCOMPANY APPLICATION**

## CHILD SUPPORT DECLARATION

Pursuant to Nevada Revised Statutes § 534.142, 425.520, every application for the issuance or renewal for an occupational license must include a statement regarding the applicant's child support payment status. The State Engineer may not issue or renew an application for license if the applicant fails to complete and submit this form. If the applicant reports that he or she is not in compliance with a child support order or an approved repayment plan, then the applicant must contact the authority enforcing the order for the repayment amount owed pursuant to the order to determine the actions the applicant must take to become in compliance with the order.

Please mark the appropriate response. ***FAILURE TO MARK ONE OF THE THREE AND SIGN WILL RESULT IN DENIAL OF THE APPLICATION.***

I, the undersigned, hereby certify that this information is true and correct.

- I am not subject to a court order for the support of a child;
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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Print Full Name

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Signature

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Date

**Well Driller Application and fees are to be sent to:**

***Nevada Division of Water Resources  
Attn: Well Driller Licensing Section  
901 South Stewart Street, Suite 2002  
Carson City, NV 89701***

Questions can be directed to the above address or by calling 775-684-2800.

Once the application is received the applicant will automatically be scheduled for the next available exam date for both Part I (written test) and Part II (well location by PLSS topo map test) at the location requested on the application. It is up to the applicant to schedule the time to prepare for and take the examination. Testing dates and locations can be found on the Division's web site (<http://water.nv.gov>) or by calling the Division directly.

All written test questions are related directly to the material contained in the booklet "Regulations for Water Well and Related Drilling" produced by the Nevada Division of Water Resources. PDF copies can be downloaded from the Division's web site and found under the "PROGRAMS" tab in the "Well Drilling" section.

The applicant will have the two testing opportunities after the application is received to pass each part of the exam. If two testing dates have occurred before passing each part of the exam, the application will have expired (NAC 534.280), and a new application and filing fee must be submitted to the Division.

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**THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE REJECTED.**

**PLEASE PAY PARTICULAR ATTENTION TO THE FOLLOWING ITEMS:**

- Indicate the testing location preference of Carson City, Las Vegas or Elko for taking Parts I and II on the front page of the application. Additionally indicate the location preference for Part III of the exam. Board interviews are held in Carson City or Las Vegas only.
- Include the \$100.00 application filing fee
- NAME AND MAILING ADDRESS of 4 references of persons qualified to verify a minimum of 1 years drilling experience under a licensed well driller. A maximum of two references from the same company are allowed. All references must be received and accepted by the Division before the applicant can appear before the Well Driller's Advisory Board for Part III of the Exam.
- Experience: Applicant shall list, in detail, all duties that clearly demonstrate a minimum of two years experience working in or apprenticing under a licensed well driller. Applications that do not describe sufficient experience will be immediately rejected.
- THE APPLICATON MUST BE NOTARIZED.
- Failure to complete the Child Support Statement or provide a social security number will result in the rejection of the application.
- All forms submitted must be the **ORIGINAL**, signed documents. No copies can be accepted.