



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality

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WELL DRILLER'S LICENSE APPLICATION
 (please type or print clearly)

FOR DEQ USE ONLY	
Application No.:	
Date Received:	
Receipt No.:	
Received by:	

SECTION 1 APPLICANT INFORMATION

1.1 Name: _____

1.2 Mailing Address: _____

1.3 Telephone No.: _____ Fax No.: _____

1.4 Name of duly authorized person representing Well Drilling Company:

1.5 Application Submission Date: _____

1.6 Commonwealth Contractor License (attach copy of license)

1.7 Type of Application: New Renewal (attach copy of license)

1.8 Name of Insurance Company: _____

Mailing Address Ins. Company: _____

1.9 Telephone No. Ins. Company: _____

1.10 Insurance Policy Number: _____

Extent of Coverage: _____

SECTION 2 EQUIPMENT AND RENTAL

2.1 Drilling Equipment owned or leased by company(Note: List equipment manufacturer, size, year of manufacture, capabilities, etc.)

2.2 Personnel on staff

Please list all individuals currently on staff who meet the following criteria. Only persons meeting these criteria shall be authorized under this license to lead actual well drilling and well construction activities. (Note: Feel free to include a resume of each person listed below in order to help DEQ better assess the capabilities of persons authorized by the applicant to actually perform drilling operations.)

- The individual has at least two (2) years continuous work experience in well drilling and construction; and,
- The individual has proven by past experience and education or vocational training that he or she possesses a basic understanding of the Commonwealth’s geology and hydrology, and the general occurrence of groundwater within the Commonwealth.

Individual's Name	Years of Experience	Formal Training

SECTION 3 APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

Before this application can be processed, you, the applicant, must attest to the following:

I, _____ (print), as applicant for this Well Driller’s License, hereby state that I have knowledge of the facts herein set and that the same are true and correct to the best of my knowledge and belief, and are made in good faith. I have read and I understand the provisions and requirements set forth in the Well Drilling and Well Operations Regulations pertaining to well drilling’s licensing.

SIGNATURE: _____

DATE: _____

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1. Well Driller's License application completeness checklist:

- Fee Paid?
- Application signed by the applicant?
- All portions of the application completed?
- Insurance coverage given, including limits of coverage, name insured, and expiration of policy?
- Performance Bond included?
- Adequate detail given about personnel on staff?

2. Decision by Director:

- Approved license

License no.: _____ Date: _____

- Approved with conditions (state conditions): _____

- Disapproved license (state reasons): _____

SIGNED: _____

DATE: _____