



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**OIL AND GAS COMMERCIAL OPERATOR'S LICENSE  
 APPLICATION**

FOR OFFICE USE ONLY	
DATE RECEIVED	PROCESSED BY
CHECK NUMBER	CHECK AMOUNT
LICENSED CALENDAR YEAR	LICENSE NUMBER

NOTE: This application cannot be processed without a certificate of registration issued by the Missouri Secretary of State and \$250 non-refundable license fee.

**APPLICATION TYPE**

New     Renewal     Information Update Only (Certificate of registration and fee not required for processing)

**BUSINESS INFORMATION**

FULL NAME OF PERSON, COMPANY OR ORGANIZATION THAT DRILLS, MAINTAINS, OPERATES OR CONTROLS OIL AND GAS WELLS IN MISSOURI    OPERATOR LICENSE NUMBER (IF RENEWAL)

MAILING ADDRESS    CITY    STATE    ZIP

PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)    PRIMARY PHONE NUMBER WITH AREA CODE

IF A NAME CHANGE OR REORGANIZATION, GIVE NAME OF PREVIOUS ORGANIZATION

**OFFICER INFORMATION – PRINCIPAL OFFICER(S) OR PARTNERS**

Name	Title	Phone Number with Area Code	Email Address
		EXT.	
		EXT.	
		EXT.	

**CORRESPONDENCE CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)**

Name	Title	Phone Number with Area Code	Email Address
PRIMARY		EXT.	
SECONDARY		EXT.	
OTHER		EXT.	

I hereby certify that I am authorized by said business to make this report and this report was prepared under my supervision and direction and the facts stated herein are true, correct and complete to the best of my knowledge. I confirm that after any change occurs as to facts stated in the report as submitted and filed, a supplementary report shall be filed with the state geologist with respect to such change within 30 calendar days after the effective date of change. I have read and am in agreement that this business will comply with the statutes, rules and provisions pursuant to the Revised Statutes of Missouri Chapter 259 and the Code of State Regulations 10 CSR 50.

PRINT NAME    PRINT COMPANY NAME

SIGNATURE    DATE

NOTARY PUBLIC EMBOSSEER SEAL OR RUBBER STAMP	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	BEFORE ME ON THIS _____ day of _____, 20__
	NAME OF NOTARY (PRINT OR TYPE)		A notary public in and for said state, personally appeared, known to me to be the person who executed the within and acknowledged to me that he/she executed the same for the purposes therein stated.
	NAME OF INDIVIDUAL APPEARING BEFORE NOTARY(PRINT OR TYPE)		
	TYPE OF DOCUMENT		
	NOTARY PUBLIC SIGNATURE		
MY COMMISSION EXPIRES			

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APPROVED BY    DATE