



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

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

NOTE: This application cannot be processed without a copy of a current business registration report issued by the Missouri Secretary of State.

**APPLICATION TYPE**

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

**BUSINESS INFORMATION**

NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES OR CONTROLS OIL AND GAS WELLS IN MISSOURI	OPERATOR LICENSE NUMBER (IF RENEWAL OR UPDATE)
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MAILING ADDRESS	CITY	STATE	ZIP
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PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)	PRIMARY PHONE NUMBER WITH AREA CODE
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IF A NAME CHANGE OR REORGANIZATION, GIVE NAME OF PREVIOUS ORGANIZATION

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

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

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

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

**METHOD OF PAYMENT**

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.) <input type="checkbox"/> Credit Card (Transaction fee applies.) (Please attach contact information of person authorized to make transaction.) <input type="checkbox"/> Automated Clearing House (Please attach contact information of person authorized to make transaction.)	AMOUNT DUE <b>\$250.00</b>
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**CERTIFICATION**

I, the undersigned, certify that:

- I am authorized by said business to make this report.
- The facts stated herein are true, correct and complete to the best of my knowledge.
- I understand that after any change occurs as to facts stated in this report as submitted and filed, a supplementary report shall be filed with the state geologist with respect to such change within thirty (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 Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

PRINT NAME	PRINT COMPANY NAME
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SIGNATURE	DATE
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**FOR OFFICE USE ONLY**

APPROVED BY	DATE
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