MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

OIL AND GAS COMMERCIAL OPERATOR'S LICENSE APPLICATION

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

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)

MAILING ADDRESS	COUNTY	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	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

☐ Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.)
☐ Credit Card (Transaction fee applies.) (Please attach contact information of person authorized to make transaction.)
☐ Automated Clearing House (Please attach contact information of person authorized to make transaction.)

AMOUNT DUE
$250.00

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

SIGNATURE	DATE

FOR OFFICE USE ONLY

APPROVED BY	DATE

MO 780-0209 (2-18)

SEND COMPLETED FORM ALONG WITH $250 LICENSE FEE BY JANUARY 1 TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov