



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI GEOLOGICAL SURVEY
CONTRACTOR AND APPRENTICE PERMIT APPLICATION

FOR OFFICE USE ONLY			
WATER WELL PUMP	NON-RESTRICTED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	RESTRICTIONS <input type="checkbox"/> TEST HOLE ONLY
MONITORING WELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TEST HOLE ALSO
HEAT PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PROBATION
PERMIT NUMBER		CHECK NO.	
TEST SCORES GEN /	TEST DATE	TEST ID	
DATE RECEIVED		DATE APPROVED	

NOTE: THE CONTRACTOR AND APPRENTICE TESTING APPLICATION AND EXAM MUST BE COMPLETED PRIOR TO SUBMISSION OF THIS FORM

APPLICANT INFORMATION			
NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
RESIDENTIAL MAILING ADDRESS		CITY	STATE ZIP CODE
EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	CELL PHONE NUMBER WITH AREA CODE	
RESPONSIBLE PARTY FOR COMPANY <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY NUMBER*	PREVIOUS MO PERMIT NUMBER (IF APPLICABLE)	

BUSINESS INFORMATION			
NAME			TELEPHONE NUMBER WITH AREA CODE
BUSINESS MAILING ADDRESS		CITY	STATE ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING)		CITY	STATE ZIP
COUNTY	FAX NUMBER WITH AREA CODE	BUSINESS EMAIL	

FEE STRUCTURE PER PERMIT (FOR WATER WELL, MONITORING WELL, HEAT PUMP AND PUMP) – FEES ARE BASED ON MONTH APPLICATION IS RECEIVED. ALL PERMITS WILL RENEW ANNUALLY OCTOBER 1

January	\$80	March	\$60	May	\$40	July	\$20	September	\$10	November	\$90
February	\$70	April	\$50	June	\$30	August	\$15	October	\$100	December	\$85

*Applicants are required by state and federal law** to include their Social Security number on this application. The number allows the department to distinguish between persons who have the same or similar names. The department will not disclose any Social Security numbers, consistent with Section 610.035, RSMo. The department cannot allow applicants to take the exam or become permitted without a Social Security number.

**Section 454.403, RSMo, of the Child Support Enforcement Law and Section 317 of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law No. 104-193.

I certify that all information provided in this application is true. I understand that misstatements of facts may result in the forfeiture of my permit, issued in accordance with Sections 256.600 – 256.640, RSMo. By accepting this permit, I agree to adhere to the Missouri Water Well Driller's Act, Sections 256.600 – 256.640, RSMo, and the Missouri Well Construction Rules, 10 CSR 23.

APPLICANT SIGNATURE	IS THIS APPLICATION FOR AN APPRENTICESHIP <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If yes, a responsible party signature is required.</small>	DATE
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BY SIGNING FOR THE ABOVE APPRENTICE, YOU ARE AGREEING TO BE RESPONSIBLE FOR THE APPRENTICESHIP AND THE APPRENTICE'S WORK

RESPONSIBLE PARTY SIGNATURE	PERMIT NUMBER	DATE
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