



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

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

**APPLICATION TYPE**

New     Renewal     Information Update Only (Fee not required)

**WELL OWNER INFORMATION**

NAME OF INDIVIDUAL, COMPANY OR ORGANIZATION		OPERATOR LICENSE NUMBER (IF RENEWAL OR UPDATE)	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE NUMBER WITH AREA CODE	
EMAIL ADDRESS		IF WELL OWNERSHIP CHANGE OCCURRED, GIVE PREVIOUS NAME	

**ADDITIONAL CONTACT INFORMATION**

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.)	AMOUNT DUE  \$50.00
<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.)	

**CERTIFICATION**

I, the undersigned, certify that:

- I am authorized 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 agree to 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/ORGANIZATION NAME	
SIGNATURE	DATE	

**FOR OFFICE USE ONLY**

APPROVED BY	DATE
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