

Well Driller Registration Form

Driller Information

Company Name:		Address:	
City:		State	
Zipcode:		Phone:	
Fax:		Email:	

California Contractor's License

License Type:	☐ C-57 ☐ A ☐ C-61 ☐ D Specialty (if C-61)
State License Number:	
State License Expiration Date:	

Worker's Compensation Insurance

Carrier Name:	
Carrier Mailing Address:	
Insurance Expiration Date:	

CERTIFICATION

I certify to the best of my knowledge that the information provided above is true and accurate. I also certify that I have reviewed Ventura County Ordinance No. 4468 and agree to comply with the provisions contained therein and all ordinances of the Fox Canyon Groundwater Management Agency and any other state and local regulations pertaining to the drilling of wells.

Name of Applicant:	Signature of Applicant:	Date:

Voluntary Questionnaire

Number of Years in Business:	
Areas where you have performed drilling operations within Ventura County:	

Type of Well:	☐ Cathodic ☐ Engineering Test Hole ☐ Monitoring ☐ Water Supply
Type of Work:	☐ New ☐ Destruction ☐ Replacement ☐ Repair/Modify ☐ Backup or Standby