



**WELL DRILLER
REGISTRATION APPLICATION**

NAME OF LICENSEE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

PHONE NUMBER: (____) _____

STATE CONTRACTOR NUMBER: _____ (Attach copy of C57 card – both sides)

CLASSIFICATION: _____

C57 EXPIRATION DATE: _____

Name of compensation insurance company: _____

Policy Number: _____ Expiration Date: _____

-OR- I HAVE NO EMPLOYEES OTHER THAN IMMEDIATE FAMILY MEMBERS

SIGNATURE REQUIREMENT: This registration application must be signed by an individual owner/qualifier listed on the license. Any exceptions require a signed, notarized letter on company letterhead listing qualified signers and letter must contain signature blocks for these individuals. No exception. Additional people or changes may be added/deleted at a later date by sending a signed letter from the qualifier of the license.

My California C57 Contractor’s License is in full force and effect. I hereby register to construct, reconstruct, or destroy wells (other than wells constructed under the jurisdiction of the California State Department of Conservation) in accordance with Section 9 of Riverside County Ordinance 682.3. I understand that this registration is **not transferable** and **shall expire on December 31st of each year.**

DATE: _____ SIGNED: _____

DEPARTMENT OF ENVIRONMENTAL HEALTH USE
BELOW THIS LINE

WELL DRILLER CERTIFICATE OF REGISTRATION RECEIPT

Riverside County Registration Number: _____

Amt. Pd: \$ 33.00 Receipt Number: _____

BUSINESS NAME: _____

This registration is **not transferable** and **shall expire on December 31st of each year**

Environmental Resources Management