



Public Health
 Environmental Health Services



APPLICATION FOR WELL DRILLERS REGISTRATION

| THIS SECTION TO BE COMPLETED BY APPLICANT | | | |
|--|----------------------|---------------------------|--------------------------|
| GENERAL INFORMATION | | | |
| Business Name | | | |
| Mailing Address | | City | State Zip |
| Physical Location | | City | State Zip |
| Phone Number | Cell Number | Fax Number | California C57 License # |
| Email | | Tax ID # or SSN | |
| WORKERS COMPENSATION INSURANCE | | | |
| Name of Workers Compensation Insurance Company | | Policy Number | Expiration Date |
| OR | | | |
| <input type="checkbox"/> I have no employees other than immediate family members | | | |
| SIGNATURE REQUIREMENT | | | |
| <p>This registration must be signed by the C57 license holder or approved personnel currently associated with the license.</p> <p>The above California contractor's license is in full force and effect. The below signed hereby makes registration application to dig, drill, bore, drive, reconstruct, or destroy wells other than oil, gas, and geothermal wells in accordance with Section 33.0632 of the San Bernardino County Code. This registration is not transferable.</p> | | | |
| Signature X | | | Date |
| Print Name | | Title | |
| For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only | | | |
| Status: | Fiscal Year: | County Registration #: | Paid By: |
| For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only | | | |
| Fee: | FA Number: | Record ID: | PE Number: |
| Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N | Designated Employee: | Received By: | Date: |
| Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate | | Changes (please specify): | |