



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> <p>Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.</p>			
<input type="checkbox"/>	Electronic Signature Only By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.		Date:
Signature:			Date:
Print Name:		Title:	
For Office Use Only			
Status:	Fiscal Year:	County Registration #:	Paid By:
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):		