



Protecting, maintaining and improving the health of all Minnesotans

QUALIFICATION APPLICATION FOR EXPLORER RESPONSIBLE INDIVIDUAL

In accordance with Minnesota Statutes, section 103I.601, persons engaged in exploration work (explorers) in the state of Minnesota must be licensed by the Minnesota Department of Health (MDH). The responsible individual for the explorer will supervise and oversee the location, construction, and abandonment of exploratory borings on behalf of the licensed explorer company.

An individual who seeks to qualify for certification as a responsible individual shall:

- A. Complete and submit an application for qualification to the commissioner.
- B. Take and pass a written examination on Minnesota Statutes, Chapter 103I and Minnesota Rules, Chapter 4727, which relate to mineral exploration activities, **or** document the fact that he or she is a Minnesota-licensed professional engineer/geologist or certified professional geologist in accordance with Minnesota Statutes, section 103I.601, subdivision 2 and Minnesota Rules, part 4727.0600.

Carefully complete all sections of the qualification application for an explorer responsible individual certification.

You will be notified by mail when you are eligible to schedule an appointment to take the examination. Study materials to aid you in preparation for the written examination will be sent to you upon receipt of your qualification application. It is recommended that you read these materials carefully. You must pass the written examination within one year of being notified.

Once you have passed the written examination or have documented your professional credentials:

- A. If the explorer company you listed on your application is licensed, your certification as a responsible individual will be sent to you immediately.

OR

- B. If the explorer company you listed on your application is not licensed, an original license application will be sent to the explorer company. The explorer company shall include the name of the responsible individual on the company license application. If the explorer does not designate a responsible individual, the commissioner shall issue a conditional license. Such a license is not considered valid for the purpose of engaging in the construction of exploratory borings until a responsible individual has been designated and the commissioner has been notified of such a designation. The licensed explorer company is responsible for the registration of all drilling machines and hoists used for licensed activities in the state of Minnesota. The explorer company is licensed annually and one or more individuals must be certified as "responsible individuals" to supervise drilling operations.

The explorer company must complete the licensing process within one year of when you pass the examination. Once the explorer company becomes licensed your certification as a responsible individual will be sent to you.

Person engaged in exploratory boring must also register with the Minnesota Department of Natural Resources, Division of Land and Minerals, 500 Lafayette Road, St. Paul, Minnesota 55155-4045.

Should you have any questions, please contact the Well Management Section at 651-201-4597.



Minnesota Department of Health
 Well Management Section, 625 North Robert Street
 P.O. Box 64502
 St. Paul, Minnesota 55164-0502
 651-201-4597 or 800-383-9808
 Deaf and hard-of-hearing: TTY 651-201-5797
www.health.state.mn.us.divs/eh.wells

Qualification Application for Certified Representative or Explorer Responsible Individual

**PLEASE READ INSTRUCTIONS CAREFULLY
 BEFORE COMPLETING APPLICATION.**

- Application must be typewritten or printed in ink.
- Answer all questions in full. Incomplete applications will not be processed; they will be returned to the submitter.
- The application fee must accompany application. Checks and money orders shall be made payable to Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, Subd. 2 [a]).

Office Use Only

Date Received _____
 Fee _____
 Deposit Date _____
 Deposit Number _____
 Approved _____ Denied _____
 Examination Date _____
 Result _____ % P F

Designate the type of license or registration for which you are applying by putting an "X" in the appropriate square. A separate application must be filled out and submitted for each license or registration request.

Well Management Section License and Registration Types

- | | |
|---|---|
| <input type="checkbox"/> \$75* Dewatering Well Contractor (4870)
<input type="checkbox"/> \$75* Dug Well and Drive-Point Well Contractor (4877)
<input type="checkbox"/> \$75* Elevator Boring Contractor (4881)
<input type="checkbox"/> \$75* Explorer Responsible Individual (4886)
<input type="checkbox"/> \$75* Vertical Heat Exchanger Contractor (4894)
<input type="checkbox"/> \$75* Monitoring Well Contractor (4897) | <input type="checkbox"/> \$75* Well Screen and Pitless Adapter/Unit Contractor (4907)
<input type="checkbox"/> \$75* Pump Contractor (4910)
<input type="checkbox"/> \$75* Well Sealing Contractor (4914)
<input type="checkbox"/> \$75* Full Well Contractor (4916)

<p style="text-align: center;">*Not refundable</p> |
|---|---|

Please read Tennessee Warning on next page regarding your rights about the information you provide in this application.

Mr. Ms. Mrs.	Last Name	First Name	Middle Name	
Street Address		City	State	ZIP
Home Phone (include area code)		Work Phone (include area code)		

Under certain conditions, the department will provide special accommodations in test facilities or the test process. Applicants may be required to present verification of the need for special accommodations.

If you need special accommodations, describe the type needed below.

Social Security Number

Why we ask for it. Under Minnesota law (M.S. 270C.72) the agency issuing you this certification is required to provide to the Minnesota Commissioner of Revenue your Social Security Number.

List education related to license or registration for which you are applying.

High School, College, University, Technical or Vocational School		Dates of Attendance		Certificate or Degree Received (AA, BS, etc.)	Title of Program or Subjects Taken (Major/Minor)
Name	Location	From	To		

List experience related to license or registration for which you are applying.

Organization:	Location:	Length of Experience	
Position:	Supervisor:	% of Time	From To
Major Activities: 1.			Mo./Yr. Mo./Yr.
2.			<input type="checkbox"/> Full-time
3.			<input type="checkbox"/> Part-time
4.			Hrs./Yr. _____
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Position:	Supervisor:	% of Time	From To
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2.			<input type="checkbox"/> Full-time
3.			<input type="checkbox"/> Part-time
4.			Hrs./Yr. _____
ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.			

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date _____ Signature (Do **not** print) _____

EXPLANATION OF RIGHTS (TENNESSEN WARNING)

Note for Companies and Individuals Acting as Companies – The Minnesota Department of Health (MDH) will use information you provided in this application to determine if you meet the requirements for a license or registration. You are not legally required to provide any of the requested information. Failure to provide information, however, will result in the denial of your application. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your license or registration after it is issued.

Social security numbers are private data. Private data will not be shared with others outside the MDH, except as authorized or required by law. In such cases, it may be shared with others, including the Office of the Attorney General, the Minnesota Department of Revenue and persons contacted for purposes of verification or investigation. If the matter of your license or registration becomes contested, private data submitted in this application may become public.

Note to Individual Applicants – All data submitted in this application, except your name and address, are considered private until you are issued a license or registration. When you become licensed or registered, all data in this application become public, except your social security number, which remains private.

Note to Company Applicants – All data submitted in this application are public data.

If you require this application and related materials in another format, such as large print, Braille, cassette tape, or need more information, call 651-201-4597. Deaf and hard-of-hearing: TTY 651-201-5797.

**SUPPLEMENT TO
QUALIFICATION APPLICATION FOR RESPONSIBLE INDIVIDUAL DESIGNATION
FOR EXPLORER COMPANY**

LICENSE/REGISTRATION INFORMATION

Applicant registered or licensed to perform well contracting work in other states? Yes No

If yes, list state and license or registration number

State

Lic. or Reg. Number

PROFESSIONAL CERTIFICATION

Certified or Registered

Minnesota Professional Engineer/Geologist License Number

American Institute of Professional Geologists Certification Number

Not certified or registered

Minnesota Rules, part 4727.0600 defines the qualification requirements for a responsible individual.

A person who seeks to qualify for designation as a responsible individual shall:

- A. Complete and submit an application for qualification to the commissioner.
- B. Take and pass an examination on the portions of this rule which relate to mineral exploration activities, or document the fact that he or she is a licensed professional engineer/geologist or certified professional geologist in accordance with Minnesota Statutes, section 103I.601, subdivision 2.

EXPERIENCE

Month and year that applicant started work in mineral, kaolin clay, oil, or gas exploration.

Total number of exploration borings applicant has personally drilled.

Total number of exploration borings applicant has personally supervised.

Total number of years applicant has been employed in exploratory drilling.

REFERENCES

Provide the names and addresses of three individuals the applicant has previously been employed by, or the names and addresses of three individuals with knowledge of the applicant's experience relating to all aspects of mineral and gas exploration drilling. It is desirable (but not required) that one of your three references be a licensed individual who is familiar with your work.

Name (_____) Telephone Number

Address

City State ZIP Code

Name (_____) Telephone Number

Address

City State ZIP Code

Name (_____) Telephone Number

Address

City State ZIP Code

Arrange for the three attached reference letters to be sent to the Minnesota Department of Health by those listed above. All three letters must be received before your application is reviewed.



Attn: Licensing
Minnesota Department of Health
Well Management Section
P.O. Box 64502
St. Paul, Minnesota 55164-0502
651-201-4597

Reference Letter—Responsible Individual Designation
for Explorer Company

TO:

Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) for certification as a designated responsible individual to supervise the construction and sealing of exploratory borings in the state of Minnesota. The applicant has listed your name as an individual familiar with the applicant's work and character. Answers to the following questions are important on behalf of the applicant. **PLEASE TYPE OR PRINT IN INK AND RETURN THIS FORM PROMPTLY TO THE ADDRESS LISTED ABOVE.** Providing false information about the applicant may result in enforcement actions being taken against you.

- 1. How many years has the applicant been involved in the business of supervising exploratory borings? _____ Years _____ Months
- 2. Has the applicant been employed by you for supervising the making of exploratory borings? Yes No
- 3. If you answered yes to Number 2, how long has/had the applicant employed by you? _____ Years _____ Months
- 4. In your judgment, is the applicant qualified to be certified for supervising the making of exploratory borings? Yes No
- 5. May we contact you by phone? Yes No
- 6. Telephone number (_____) _____ - _____.

7. Signature _____	Date _____
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8.	Remarks _____ _____ _____
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