

Well Management Section  
625 North Robert Street  
P.O. Box 64502  
St. Paul, Minnesota 55164-0502  
651-201-4591 or 800-383-9808  
health.wells@state.mn.us  
www.health.state.mn.us/wells



## Explorer Responsible Individual Qualification Application

Exploration work (explorers) in the state of Minnesota requires licensure by the Minnesota Department of Health (MDH). The responsible individual for the explorer will supervise and oversee the location, construction, and sealing of exploratory borings on behalf of the licensed explorer company.

In addition, each successful licensee will have to pay the license fee and pay the fee to register drilling machines and hoists.

Carefully complete the application, and arrange to have the reference letters completed and returned to MDH, Well Management Section. An incomplete application or an improperly completed application will be returned to you and may cause a delay in the licensing process. Mail the application to the address listed at the top of the application.

You will be notified by mail when you are eligible to schedule the written examination. Study materials to aid you in preparation for the written examination will be sent to you with your notification to schedule the written examination. It is recommended that you read these materials carefully. You must pass the written examination within one year of being notified. You must then complete the licensing process within one year of passing the examination. Should you have any questions, please contact the Well Management Section at 651-201-4591.

### Requirements

An individual who seeks to qualify for certification as an explorer 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.

(Over)

## Requirements (continued)

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 or you are certified as a responsible individual. 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.

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**MDH Use Only**

Date Received \_\_\_\_\_  
Fee Type \_\_\_\_\_  
Fee Amount \_\_\_\_\_  
Deposit Number \_\_\_\_\_

## Qualification Application for Certified Representative or Explorer Responsible Individual

**Read and follow the enclosed Instruction Sheet.**

1. Read the Tennessen Warning information **on the last page**.
2. Make check or money order payable to the Minnesota Department of Health (MDH) or pay by credit card using the enclosed Credit Card Payment Information form.
3. Returned checks are subject to a \$30 fee per Minnesota Statutes, section 604.113, subdivision 2(a). Licenses that have been issued will be canceled.
4. Fees submitted with this application are nonrefundable per Minnesota Rules, part 4725.0350, subpart 3.
5. Mail completed application, payment, and supporting documentation to MDH's address listed above.

### Well Management Section Certification Types

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

- |                                                                                |                                                                          |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> \$75 Bored Geothermal Heat Exchanger Contractor (233) | <input type="checkbox"/> \$75 Explorer Responsible Individual (225)      |
| <input type="checkbox"/> \$75 Dewatering Well Contractor (211)                 | <input type="checkbox"/> \$75 Pump, Pitless, and Screen Contractor (365) |
| <input type="checkbox"/> \$75 Elevator Boring Contractor (221)                 | <input type="checkbox"/> \$75 Well Sealing Contractor (251)              |
| <input type="checkbox"/> \$75 Environmental Well Contractor (362)              | <input type="checkbox"/> \$75 Well Contractor (253)                      |

### Applicant Information

|                                        |             |                                                 |          |
|----------------------------------------|-------------|-------------------------------------------------|----------|
| First Name                             | Middle Name | Last Name                                       |          |
| Street Address                         | City        | State                                           | ZIP Code |
| Telephone Number (including area code) |             | Business Telephone Number (including area code) |          |
| Email                                  |             |                                                 |          |

### Special Accommodations

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

Provide Social Security Number: \_\_\_\_\_. **Why we ask for it.** Under Minnesota law (Minnesota Statutes, section 270C.72, subdivision 4) the agency issuing you this certification is required to provide to the Minnesota Commissioner of Revenue your Social Security Number.

(Over)

## List Education Related to Certification for Which you are Applying

| High School, College, University,<br>Technical or Vocational School |          | Dates of<br>Attendance |    | Certificate or<br>Degree Received<br>(AA, BS, etc.) | Title of Programs or Subjects Taken |
|---------------------------------------------------------------------|----------|------------------------|----|-----------------------------------------------------|-------------------------------------|
| Name                                                                | Location | From                   | To |                                                     |                                     |
|                                                                     |          |                        |    |                                                     |                                     |
|                                                                     |          |                        |    |                                                     |                                     |
|                                                                     |          |                        |    |                                                     |                                     |
|                                                                     |          |                        |    |                                                     |                                     |

## List Experience Related to Certification for Which you are Applying

|                             |                    |                  |                                    |         |
|-----------------------------|--------------------|------------------|------------------------------------|---------|
| <b>Organization:</b>        | <b>Location:</b>   |                  | <b>Length of Experience</b>        |         |
| <b>Position:</b>            | <b>Supervisor:</b> | <b>% of Time</b> | From                               | To      |
| <b>Major Activities: 1.</b> |                    |                  | Mo./Yr.                            | Mo./Yr. |
| 2.                          |                    |                  | <input type="checkbox"/> Full-time |         |
| 3.                          |                    |                  | <input type="checkbox"/> Part-time |         |
| 4.                          |                    |                  | Hrs./Yr. _____                     |         |

  

|                             |                    |                  |                                    |         |
|-----------------------------|--------------------|------------------|------------------------------------|---------|
| <b>Organization:</b>        | <b>Location:</b>   |                  | <b>Length of Experience</b>        |         |
| <b>Position:</b>            | <b>Supervisor:</b> | <b>% of Time</b> | From                               | To      |
| <b>Major Activities: 1.</b> |                    |                  | Mo./Yr.                            | Mo./Yr. |
| 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.

## Tennessen Warning and Signature

I certify that all information provided for certification is accurate and complete. I also understand that submitting false information allows MDH to deny, suspend, revoke, or take other action against this certification. I understand MDH's Tennessen Warning, which is available by calling 651-201-4600 or on MDH Well Management Section's website at:

Tennessen Warning ([www.health.state.mn.us/communities/environment/water/wells/tw.html](http://www.health.state.mn.us/communities/environment/water/wells/tw.html)).

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Explorer Responsible Individual Qualification Application Supplement

### License/Registration Information

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

If yes, list state(s) and license or registration number.

State \_\_\_\_\_ License or Registration Number \_\_\_\_\_

State \_\_\_\_\_ License or Registration Number \_\_\_\_\_

### Professional Certification

☐ Certified or Registered

Minnesota Professional Engineer/Geologist License Number \_\_\_\_\_

American Institute of Professional Geologist Certification Number \_\_\_\_\_

☐ Not Certified or Registered

### Experience

Explorer responsible individual contracting work includes supervising the construction and sealing of exploratory borings.

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. \_\_\_\_\_

**In accordance with 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:**

- 1. Complete and submit an application for qualification to the commissioner.**
- 2. 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.**

## 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.

### Reference Number 1

|         |       |                                        |
|---------|-------|----------------------------------------|
| <hr/>   |       | <hr/>                                  |
| Name    |       | Telephone Number (including area code) |
| <hr/>   |       |                                        |
| Address |       |                                        |
| <hr/>   |       |                                        |
| <hr/>   | <hr/> | <hr/>                                  |
| City    | State | ZIP Code                               |

### Reference Number 2

|         |       |                                        |
|---------|-------|----------------------------------------|
| <hr/>   |       | <hr/>                                  |
| Name    |       | Telephone Number (including area code) |
| <hr/>   |       |                                        |
| Address |       |                                        |
| <hr/>   |       |                                        |
| <hr/>   | <hr/> | <hr/>                                  |
| City    | State | ZIP Code                               |

### Reference Number 3

|         |       |                                        |
|---------|-------|----------------------------------------|
| <hr/>   |       | <hr/>                                  |
| Name    |       | Telephone Number (including area code) |
| <hr/>   |       |                                        |
| Address |       |                                        |
| <hr/>   |       |                                        |
| <hr/>   | <hr/> | <hr/>                                  |
| 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.

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## Reference Letter — Explorer Responsible Individual

To \_\_\_\_\_ Name of Applicant \_\_\_\_\_

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for 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. Answer all questions to the best of your ability. **Type or print in ink and return this questionnaire 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 was the applicant employed by you? ..... \_\_\_\_ Years \_\_\_\_ Months
4. In your judgment, is the applicant qualified to be certified for the above activities (please explain below)?..... ☐ Yes ☐ No
5. May we contact you by phone? ☐ Yes ☐ No Telephone Number \_\_\_\_\_  
(include area code)

### Signature

\_\_\_\_\_  
Print Name Signature Date

### Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheet if necessary for remarks.

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5. May we contact you by phone? ☐ Yes ☐ No Telephone Number \_\_\_\_\_  
(include area code)

### Signature

\_\_\_\_\_  
Print Name Signature Date

### Remarks

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Attach additional sheet if necessary for remarks.



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5. May we contact you by phone? ☐ Yes ☐ No Telephone Number \_\_\_\_\_  
(include area code)

### Signature

Print Name

Signature

Date

### Remarks

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Attach additional sheet if necessary for remarks.