



February 4, 2026

For ALL Drilling Contractors Operating in Louisiana

Effective immediately, the Department of Conservation and Energy (C&E) will no longer process new driller applications and license renewals. The Louisiana State Licensing Board for Contractors (LSLBC) will be responsible for accepting and processing new applications, renewals, administering exams, and other license duties.

To maintain your Louisiana drilling contractor's license, ALL drillers, water well and environmental, MUST complete the attached application without delay.

**There is NO FEE to transfer an existing license*.
However, ALL requirements must be met.**

ALL licensees must complete a statutory mandated course called Business Law. This is approximately a one-hour video which will have several questions to answer. You cannot take this course until you have applied.

When your application is received, you will be sent an email at the address provided. There may also be emails that ask for further information, or corrected information. When the application information has been satisfactorily received, a notification will be sent giving a link to the Business Law course, supplying a password and username to access your portal.

All license information, renewals, changes, etc. will be accessible to you through this portal.

***After July 1, 2026, those who have not started the process of transferring their license will be charged the standard new license application fees.**

Complete the attached application. Return via email to wells@lslbc.gov, (preferred method for quicker results), mail, or drop off to:

Louisiana State Licensing Board for Contractors
Attention: Leann Evans
600 North St
Baton Rouge, LA 70802

**If you know of someone who may be in need of help completing this process, please e-mail
gah@worldwidldrillingresource.com**



CONTRACTOR'S LICENSE APPLICATION

Section 1: TYPE OF LICENSE

Select one of the following license types:

- Submit separate application for EACH license type

Water Well Drilling Environmental Wells

Section 2: IDENTIFYING INFORMATION

Name of Applicant

- Once issued, applicants must conduct their contracting business under the exact name listed on the license.
- If applying as a company put company name as name of applicant below. Note: The company name must also match the business entity registered with LA Secretary of State
- If applying as a sole proprietor (individual), put your individual name as the name of applicant below.

A. Full Legal Name of Applicant:

B. Type of Business:

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	General Partnership	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	Limited Liability Company (LLC)	<input type="checkbox"/>	Limited Liability Partnership (LLP)
<input type="checkbox"/>	Sole Proprietor (Individual)		

C. If applying as a Sole Proprietor:

SSN: _____ Date of Birth: _____

D. If applying as a Business Entity: *(D. is not required for Joint Ventures)*

Tax ID/FEIN: _____

Louisiana Secretary of State Charter Number: _____

E. Mailing Address of Principal Place of Business:

P.O. Box or Street Address	_____

City, State, Zip Code	_____

F. Physical Address of Principal Place of Business:

Street Name and Number	_____
City, State, Zip Code	_____

Phone	Cell	FAX
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Email	Website
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***An email address must be provided. Correspondence will only be sent to this email address.**

Section 3: BUSINESS INFORMATION

Note: This section is not required for Sole Proprietors (i.e. those applying in their individual name).

A. The following documents must be provided with application:

- Articles of Incorporation (if Corporation)
- Articles of Organization (if LLC) And Operating Agreement (if one is in effect)
- Partnership Agreement (if Partnership)

B. Complete the appropriate section below based on the type of business:

- Only complete the section that applies to your type of business
- Dates of Births and Social Security Numbers are required for every officer, partner or member.

Type of Business	Officers, Partners or Members	Full Name	Date of Birth mm/dd/yyyy	Social Security Number
Corporation	President			
	Vice President			
	Treasurer			
	Fiscal Officer			
Partnership	Partners			
LLC	Member(s)			

Section 4: CLASSIFICATION INFORMATION

A. Classification(s): (enter at least one below)	B. Name(s) of the Qualifying Party(ies) representing EACH Classification:
1. Classification:	Qualifying Party(ies):
2. Classification:	Qualifying Party(ies):
<p>List the Qualifying Party(ies) who will be representing the company for the Louisiana Business and Law exam below:</p> <p>Qualifying Party(ies):</p>	
<p>After reviewing the Classification List and the Classification Matrix (see links above), if you are still unsure of what classification(s) to request, provide a detailed description of your work below:</p>	

APPLICATION FOR QUALIFYING PARTY

Qualifying Party: the person designated by the applicant/licensee to take the exam(s) or to hold the classification(s)

- You must submit a Qualifying Party Application for **EACH** qualifying party.
- Click [HERE](#) for eligibility requirements for Qualifying Party.

A. QUALIFYING PARTY ELIGIBILITY

Qualifying Party must meet one of the following to be eligible to represent the applicant/licensee: (Select box below that applies to you.)

<input checked="" type="checkbox"/>	Sole Proprietor (<i>Individual</i>)
<input type="checkbox"/>	Incorporator, Stockholder or Officer (<i>Corporation</i>)
<input type="checkbox"/>	Partner (<i>Partnership</i>)
<input type="checkbox"/>	Member or Manager (<i>LLC</i>)
<input type="checkbox"/>	Employee (<i>is currently a full-time employee, as defined by the IRS, of applicant/licensee</i>)

B. QUALIFYING PARTY INFORMATION

NOTE: All correspondence and examination approval letters will be **EMAILED** to the email address below.

First (PRINT)	Middle (PRINT)	Last (PRINT)	Jr/Sr, etc
Name of Company			
Social Security Number (of Qualify Party)		Date of Birth (mm/dd/yyyy)	
Mailing Address: (Street or P.O. Box)		City	State ZIP
Work Number	Cell or Home Number	Fax Number	
Email address (of Qualifying Party) MUST BE PROVIDED			

C. CLASSIFICATION INFORMATION

For which classification(s) will you be representing of the company as a qualifying party? (List Below)

D. BUSINESS AND LAW

Yes No **Will you be representing the applicant/licensee for the Louisiana Business and Law course?**

- Each applicant/licensee must have at least one qualifying party for the Louisiana Business and Law. (no exceptions)
- Business and Law is an online course with an **Exam** on the course's contents at its conclusion.

E. QUALIFYING PARTY LEGAL QUESTIONS

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony or a misdemeanor other than violation of traffic laws?
If YES , please explain below:		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there now any liens, judgments, or attachments pending or recorded against you, or against any firm in which you had interest at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your previous operations in ANY state?
If YES , provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current.		

F. QUALIFYING PARTY AFFIDAVIT

- Qualifying Party must read and agree to each statement listed below. (#8 must be agreed to only if an Employee)
- Qualifying Party must print, sign and date below.

1. I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate, and I acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.

2. I understand that I must notify LSLBC in writing if I leave the company's employment or if I am no longer affiliated with the company listed on this application as the qualifying party.

3. I understand that **IF** I am a qualifying party for a classification(s) that requires a current, active credential, such as a certification or license, from an outside agency or organization then I understand that the credential must remain current and active with that outside agency or organization while representing the classification(s) on the active contractor's license with LSLBC.

4. I understand that the licensing board will use the mailing address and/or email address provided as official means of communication. I also acknowledge and understand that I will monitor the email address provided for official correspondence from LSLBC.

5. I understand that any changes to my mailing address and/or email address must be updated with LSLBC within 30 days.

6. I hereby agree to comply with all Contractor Licensing Laws (La. Revised Statutes 37:2150-2165) and Contractor Rules and Regulations (Title 46 of the Professional and Occupations Standards) Part XXIX, Contractors, Chapters 1 – 7. A copy of this document can be viewed and downloaded from our website at: http://www.lslbc.louisiana.gov/wp-content/uploads/blue_book.pdf. I understand that the Louisiana State Licensing Board for Contractors may take action to issue fines and penalties, and/or suspend or revoke the qualifying party status for violation of the laws and Rules and Regulations governing the licensing of contractors in Louisiana.

7. I understand that LSLBC will be performing a financial review on the qualifying party listed on this form. I understand that if LSLBC staff finds an outstanding lien and/or judgment attached to the qualifying party listed on this form, I will provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current. I also understand that I will be required to adhere to the payment plan agreement while being an active qualifying party with this board. Failure to do so may result in the suspension of the license(s) I represent.

If Qualifying Party is an Employee, Statement #8 must be agreed to, and Employer must sign below.

8. I certify under penalty of perjury under the laws of the State of Louisiana that the qualifying party listed below is currently a full-time employee, as defined by the IRS, of said applicant/licensee, and I acknowledge that any purposeful false information submitted on behalf of myself and verified by the signature below is cause to have qualifying party application denied or the license and qualifying party status revoked by the Louisiana State Licensing Board for Contractors. The employee shall be prepared to provide evidence of eligibility by furnishing evidence satisfactory to the board of employee's employment with the licensee or part seeking a license if so requested by the Board.

Signature of Employer - Owner, Officer or Authorized Representative

**Employer's signature is required if qualifying party is an employee.*

Print Name of Qualifying Party

Signature of Qualifying Party

Date

Legal Information

As used on this Application, the terms "you" and "your" shall mean the applicant, whether an individual or a corporation, partnership, firm, joint venture, limited liability company or any other business or legal entity with which the applicant is or has been affiliated, or principals of the applicant's firm.

1. Have you or any firm in which you were a principal been debarred or disqualified by any public entity?
2. Have you ever filed bankruptcy as an individual or under any firm name whatsoever in Louisiana or in any other state?
3. Are there now any liens, judgments, or attachments pending or recorded against you, or against any firm in which you had interest at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your previous operations in ANY state?
4. Have you or principals in your firm ever been convicted, pled guilty, or nolo contendere to a felony or a misdemeanor other than violation of traffic laws?

Applicant Certification

Initialing this document indicates that you acknowledge and agree to the following:

1. I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is cause to have license/registration denied or revoked by the State Licensing Board for Contractors.
2. I understand that I must notify LSLBC in writing if any changes are made to the qualifying party(ies) listed on this application or my license leaves employment and/or is no longer affiliated with my company within 30 days of the disassociation and another qualifying party must qualify within 60 days. La. R.S. 37.2156.1 (D)(1). I also acknowledge and understand that I will notify LSLBC of any changes to my mailing address, physical address and/or email address within 30 days.
3. I understand that once the license I am applying for is issued and if one or more classification(s) listed on my license requires a credential, such as a certification or license credential from the Louisiana Department of Conservation and Energy, from an outside agency or organization then I must maintain a current, valid credential with that outside agency or organization while holding an active license with LSLBC.
4. I understand that the licensing board will use the mailing address and/or email address provided as official means of communication. I also acknowledge and understand that I will monitor the email address provided for official correspondence from LSLBC.
5. I hereby agree to comply with all Contractor Licensing Laws (La. Revised Statutes 37:2150-2165) and Contractor Rules and Regulations (Title 46 of the Professional and Occupations Standards) Part XXIX, Contractors, Chapters I - A copy of this document can be viewed and downloaded from our website at: https://lslbc.gov/wp-content/uploads/blue_book.pdf. I understand that the Louisiana State Licensing Board for Contractors may take action to issue fines and penalties, and/or suspend or revoke any license/registration issued for violation of the laws and Rules and Regulations governing the licensing of contractors in Louisiana.
6. I understand that LSLBC will be performing a financial review on the license applicant, its owners/officers, and each qualifying party, listed on this application. I understand that if LSLBC staff finds an outstanding lien, and/or judgment attached to one of these entities listed on the application, I will be required to provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current. I also understand that I will be required to adhere to the payment plan agreement while holding an active license with this board.

Printed Name of Applicant, Officer, or Authorized Representative

Signature of Applicant, Officer, or Authorized Representative

APPLICATION CHECKLIST

Joint Venture: An unincorporated business that is created by an agreement with two or more co-venturers. The information given on the application should be about the joint venture.

CHECKLIST (FOR SOLE PROPRIETOR OR GENERAL PARTNERSHIP)

- Application: completed, signed, and notarized
- Application for Qualifying Party: completed, signed, and notarized (for each qualifier)
- All required fees; see attached Application Fee Schedule
- A copy of the Joint Venture Agreement (if applicable)
- Any required copies of certificates, licenses, etc. from another agency or institute where a classification requires a credential in lieu of a trade exam
 - Examples: Plumbing certificate, Asbestos certificate, Landscaping certificate