



FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF WATER RESOURCES
NIGERIAN INTEGRATED WATER RESOURCES MANAGEMENT COMMISSION



Form No.: NIWRMC-WLA/17/005

APPLICATION FOR BOREHOLE CONTRACTOR'S LICENCE

1. Full name of the applicant _____
2. Contact Address: _____

3. Occupation: _____
4. Nature of Business _____
5. Particulars of contracts carried out (not less than 3No.)
 - (a)
 - (i) Description _____
 - (ii) Value _____
 - (iii) Location _____
 - (iv) Client _____
 - (v) Date Executed _____
 - (b)
 - (i) Description _____
 - (ii) Value _____
 - (iii) Location _____
 - (iv) Client _____
 - (v) Date Executed _____
 - (c)
 - (i) Description _____
 - (ii) Value _____
 - (iii) Location _____
 - (iv) Client _____
 - (v) Date Executed _____
6. Name and address of the three (3) referees one of whom should be a water resources professional

7. Number and type of drilling equipment available _____

8. State maximum depth to which you can drill:
 - (a) 4" lined borehole in soft formation _____
 - (b) 4" unlined borehole in hard formation _____
 - (c) 6" lined borehole in soft formation _____
 - (d) 6" unlined borehole in hard formation _____
 - (e) 8" lined borehole in soft formation _____

- (f) 8" unlined borehole in hard formation _____
 - (g) 10" lined borehole in soft formation _____
 - (h) 10" unlined borehole in hard formation _____
9. State pumping test facilities available with their capacities _____
10. State details of any special facilities you have for testing large yield from boreholes (e.g airlift, etc) _____
11. State whether your equipment includes pumping apparatus for cementation work under pressure (if yes indicate type) _____
12. State type of drills available (e.g percussion, rotary, diamond etc) _____

DECLARATION:

I _____ hereby declare that all above information is to be best of my knowledge, true and correct and I promise to abide by the rules and regulations if granted the licence. I agree to supply any further information which may be required by the Commission.

I enclose herewith bank draft no _____ for the sum of N _____ cover the prescribed fee for this application.

SIGNATURE OF APPLICANT

DATE

| FOR OFFICIAL USE | |
|-------------------|--|
| FEE | |
| DATE | |
| APPROVED/REJECTED | |
| NOTIFIED | |
| DATE CHECKED | |