



BEFORE THE WATER RESOURCES DEPARTMENT

State of Oregon )  
 )ss  
County of \_\_\_\_\_ )

AFFIDAVIT ASSERTING TEMPORARY  
AUTHORIZATION ENDORSEMENT  
ELIGIBILITY

1. I, \_\_\_\_\_,  
(Legal Name)

of, \_\_\_\_\_,  
(Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(City) (State) (Zip Code)

(\_\_\_\_\_) \_\_\_\_\_, \_\_\_\_\_, attest that:  
(Phone) (Email)

2. I am 18 years of age or older \_\_\_\_\_. (Initials)

3. I am currently married/domestic partnership with \_\_\_\_\_;  
(Name of Spouse)

We were married on \_\_\_\_\_, in \_\_\_\_\_,  
(Date in MM/DD/YYYY) (City)

\_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

4. My spouse is currently a member of the Armed Forces of the United States, on active duty and stationed in the State of Oregon, at:

\_\_\_\_\_,  
(Station of Service)

for the term of \_\_\_\_\_.  
(Dates in MM/DD/YYYY – MM/DD/YYYY)

5. I have read Oregon Administrative Rules, Chapter 690, Divisions 200, 205, and 240, (Specifically provisions OAR 690-200-0050, 690-205-0020, and 690-240-0065) and believe I am

eligible for a Well Constructor License, Temporary Authorization endorsement, from the Water Resources Department \_\_\_\_\_. (Initials)

6. I understand that if there is a change in status of marriage, domestic partnership, or military service (Section 3 or 4 above), I must notify the Water Resources Department.

I do solemnly affirm that the foregoing statements are true.

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Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ Day of, \_\_\_\_\_.

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(Notary Public of Oregon)

My Commission Expires \_\_\_\_\_

(SEAL)

Please return to:

Oregon Water Resources Department  
Attn: Well Construction Section  
725 Summer St NE, Suite A  
Salem OR 97301