

Board for Waste Management Facility Operators

WASTE MANAGEMENT FACILITY OPERATOR - UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION

➤ DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, [§54.1-205](#) to pass an examination specific to relevant state laws.

A check or money order payable to the **TREASURER OF VIRGINIA**,
or a completed [credit card insert](#) must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select **one** license type you are requesting:

X	Waste Management Facility Operator (WMFO) License Type	Trans	Fee
☐	4605 - Licensed WMFO - Class I	1021	\$85.00
☐	4605 - Unlicensed WMFO - Class I - ULR by exam	1005	\$85.00
☐	4605 - Licensed WMFO - Class II	1021	\$85.00
☐	4605 - Unlicensed WMFO - Class II - ULR by exam	1005	\$85.00
☐	4605 - Licensed WMFO - Class III	1021	\$85.00
☐	4605 - Unlicensed WMFO - Class III - ULR by exam	1005	\$85.00
☐	4605 - Licensed WMFO - Class IV	1021	\$85.00
☐	4605 - Unlicensed WMFO - Class IV - ULR by exam	1005	\$85.00

1. Have you ever held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation?

No ☐ Yes ☐

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

3. Provide at least **one** of the following identification numbers*:

☐ **Social Security Number** and

- -

☐ **Virginia** DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth _____ (Must be 18 years of age.)

MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted)

The mailing address will be
printed on the license.

City State Zip Code

7. Street Address (PO Box not accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					4605	

8. Contact Numbers

Primary Telephone

Alternate Telephone

9. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

10. Applicants who hold a **current** license/certificate:

A. Do you hold a **current** (non-Virginia) license or certificate issued by a regulatory board or government entity?

No ☐ If no, skip to question #11.

Yes ☐

B. Do you hold a current license in one of the following neighboring states:

District of Columbia, Maryland, North Carolina, Kentucky, Tennessee, or West Virginia?

No ☐ If no, continue to question 10C.

Yes ☐ If yes, skip to question 10E.

C. Have you held this license/certificate for at least 3 years? (excluding licenses/certificates issued by District of Columbia, Maryland, North Carolina, Kentucky, Tennessee, or West Virginia)

No ☐ If no, you do not qualify for the Universal license. You may apply by using the Board's license application.

Yes ☐

D. Did your current state or your state of original licensure/certification require you to pass an examination?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.

Yes ☐ If yes, did that state require you to complete any education, training and/or experience requirements to obtain this license/certificate?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.

Yes ☐

E. Complete the following table and include all **current** and **expired** licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.

A *Certification of Licensure/Letter of Good Standing** must be emailed from the state board/regulatory body directly to the **Board for Waste Management Facility Operators** at wastemgt@dpor.virginia.gov and must be dated within the last **60 days** from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Did you pass an examination?	Expiration Date
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	

- * *Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.*

Certification can be emailed to wastemgt@dpor.virginia.gov, faxed to 877-340-9616 or mailed to:
Board for Waste Management Facility Operators; 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

F. Do you have any unresolved complaints or investigations pending against you at the time you submitted this application?

No ☐

Yes ☐ If yes, please give a brief description of this complaint/pending investigation:

Skip to question #12.

11. For applicants who **do not hold a current** license or certificate.

A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does not regulate your profession?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.

Yes ☐ If yes, have you worked in this profession for a least three years?

No ☐ If no, you do not qualify for a Universal License at this time. You may apply using the Board's license application.

Yes ☐

B. Have you ever passed an examination for this profession in any state or territory of the United States?

No ☐ If no, you **will** be required to take the Virginia examination upon the Board's review of your application. Applicant will be notified by the Board when they are eligible to sit for the examination.

Yes ☐ If yes, provide the following information about the examination:

State/Jurisdiction: _____ Date of Examination _____
(MM/YYYY)

Required Documentation: Attach a copy of a certificate or other documentation showing successful completion of the National/Board-approved examination.

C. List all the states or jurisdictions of the United States where you have practiced this profession:

State/Jurisdiction	Profession/Occupation	Dates of Employment*	
		Start (MM/YY)	Finished (MM/YY)

*Show a minimum of 3 years of employment.

D. An Experience Verification Form must be complete and submitted along with this application. Is one attached?

No ☐ Yes ☐

> Experience Verification Form is located here -

https://www.dpor.virginia.gov/sites/default/files/boards/WMFO/A438-46EXP_pdf.pdf

12. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).
13. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **non-marijuana misdemeanor**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
14. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 22.1, of the *Code of Virginia* and the *Virginia Board for Waste Management Facility Operators Regulations*.

Signature _____ Date _____