Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8595



www.dpor.virginia.gov

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals CONVENTIONAL ONSITE SEWAGE SYSTEM OPERATOR - LICENSE APPLICATION Fee \$100.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the **one** license type you are applying for:

		Χ	License 7	ypes:											Trans			
			A. Journe	yman Co	onvent	ional (Operat	or							1010			
			B. Master	* Conve	ntional	Opera	ator- se	elect or	e of t	he foll	owing	j:						
			O Do	not hold	l a Virgi	inia O p	erator	license	Э						1105			
			O Cu	irrently h	old a Vi	rginia	Journe	yman	Conv	entio	nal O	pera	tor lic	ense	6105			
				irrently h				-							6115			
			laster appl this applicat		ll be au	thorize	ed to ta	ke the	applio	able	exami	natio	n upo	on app	oroval of			
>	Provide your	cur	rent or exp	<u>oired</u> on	site s	ewage	syste	em op	erato	r lice	nse (i	if ap	plical	ble)?				
	Virginia Lid	cense	e Number	1 9	4	2					Ехр	iratio	on Da	ate _				
1.	Full Legal N	ame	(As it app	ears on y	our go	/ernme	ent issu	ed ID o	or othe	er lega	al doc	umer	ntatio	n.)				
	Last (required)				First	(requir	ed)				_ M	iddle					Gen	eration
2.	Provide at le	ast c	ne of the t	ollowing	identi	ficatio	n num	bers*:										
			 ırity Numb	•									-					
	☐ Virgini	ia DM	IV Control N	lumber												┪		
	_ •		identification n		e an has	vaminat	ion prev	ious ann	lication	e or lice	nses o	n file v	with the	denar	tment			
	* State law	require	es every applic wealth to provi	ant for a lic	ense, ce	rtificate,	registrat	ion or ot	her aut	horizati	on to e	ngage	in a b	usiness	, trade, pro		r occupatio	n issued
3.	Date of Birth	l _	MM/DE	/YYYY	(M	ust be	at leas	t 18 ye	ars of	age.)								
4.	Maiden or F	orme	r Name(s)															
5.	Mailing Addr		(PO Box ac	. ,														
		•	the license.			City										<u> </u>	Zip Cod	10
6.	Street Addre	•	PO Box <u>no</u> address re	•	ted)		Check	here if S	treet A	ddress	is the <u>s</u>	ame a	s the M	Mailing A	Address lis			
						City									Sta	te	Zip Coo	de
7.	Contact Nun	nbers	6															
				Primar	y Teleph	one			Α	lternate	e Telep	hone				Fa	ах	
FFICE	DATE		FEE	TRANS	S CODE		ENTITY	#				FILE	#/LICEN	NSE#			ISSUE D	ATE
USE ONLY									19	942								

8.	Email Address
	Email address is considered a public record and will be disclosed upon request from a third party.
9.	Are you applying for a journeyman conventional onsite sewage system operator <u>license</u> ?
	Yes If yes, do you have 6 months of full-time experience* assisting with the operation and maintenance of conventional or alternative onsite sewage systems? No If no, you do not qualify for this license type. Yes If yes, complete the Experience Verification Form.
	* Experience Verification Form must be verified by one or more of the following individuals: onsite soil evaluator, a master onsite sewage system operator, a professional engineer, or an authorized onsite soil evaluator certified by VDH before July 1, 2009.
>	Skip to question 12.
10.	Are you applying for a <u>master</u> conventional onsite sewage system operator license? No
	Yes If yes, select one of the following requirements to qualify for the <u>examination</u> :
	1. Hold a <u>current</u> Virginia wastewater works operator license.
	Virginia license number: 1 9 6 5
	2. Have 6 months of full-time experience* in the operation and maintenance of conventional or alternative onsite sewage systems, <u>and</u> completed 10 hours of Board approved training covering the basics of operations and maintenance of conventional onsite sewage systems. <u>Required Documentation:</u> Attach a completed <u>Experience Verification Form</u> and a transcript or certificate showing successful completion of training requirement.
	 3. Have 1 year of full-time experience* in the operation and maintenance of conventional or alternative onsite sewage systems. <u>Required Documentation:</u> Attach a completed <u>Experience Verification Form.</u>
	erience Verification Form must be verified by one or more of the following individuals: alternative onsite soil evaluator, a master mative onsite sewage system operator, a professional engineer, or an authorized onsite soil evaluator certified by VDH before July 1, 9.
11.	Are you requesting education and training substitution to qualify for licensure in accordance with 18VAC160-40-70 of the regulations? No No
	Yes If yes, complete an <i>Education & Training Substitution Form</i> .
12.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? No Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>
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 <u>felony</u>? Any plea of nolo contendere shall be considered a conviction. No Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.
	B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> within the last three years (except marijuana convictions)? <i>Any plea of nolo contendere shall be considered a conviction.</i> No
	Yes If yes, complete the <u>Criminal Conviction Reporting Form</u> .

- 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 23, of the Code of Virginia and the Onsite Sewage System Professionals Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals.

Signature Date
