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

## WATERWORKS 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 <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 **one** license type you are requesting:

X	License Type	Trans	Fee
	1955 - Licensed Waterworks Operator - Class 6	1005	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 6 - ULR by exam	1005	\$100.00
	1955 - Licensed Waterworks Operator - Class 5	1006	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 5 - ULR by exam	1006	\$100.00
	1955 - Licensed Waterworks Operator - Class 4	1007	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 4 - ULR by exam	1007	\$100.00
	1955 - Licensed Waterworks Operator - Class 3	1008	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 3 - ULR by exam	1008	\$100.00
	1955 - Licensed Waterworks Operator - Class 2	1009	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 2 - ULR by exam	1009	\$100.00
	1955 - Licensed Waterworks Operator - Class 1	1010	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 1 - ULR by exam	1010	\$100.00
eld a	a license and/or certificate issued by the Virginia Depa	rtment	of Profes

	Have you <u>ever</u> held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation? No Yes							
2.	Full Legal Nam	ame (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 Se	ecurity Number	r and					
	☐ <u>Virginia</u>	DMV Control Nu	ımber					
	* State law red	quires every applica	nt for a license, cer	tificate, registration or other	cations or licenses on file with the departr er authorization to engage in a business, er issued by the <u>Virginia</u> Department of M	trade, profession o	or occupation issued	
4.	Date of Birth			(Must be 18 years of age.)				
5.	Maiden or Forr	mer Name(s)						
6.	Mailing Address (PO Box accepted)  The mailing address will be printed on the license.			City		State	Zip Code	
	·	·	i -	,		Slate		
FFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE#		ISSUE DATE	

7.	Stre	•	Box <u>not</u> accepted RESS REQUIRED	) Chec	k here if Street Address is the <u>sam</u>	e as the Mailing Ad	dress listed abo	ve.				
				City			State	Zip Code				
8.	Cor	ntact Numbers		•								
٥.	00.		Primary Te	lephone	Alternate Telephon	ne						
9.	Ema	ail Address	Email add	rass is considered	t a public record and will be die	closed upon rea	lest from a thir	d party				
10.	App	Email address is considered a public record and will be disclosed upon request from a third party.  Applicants who hold a <i>current</i> license/certificate:										
	Α.	Do you hold a		nia) license or o	certificate issued by a reg	ulatory board	or governm	ent entity?				
	B.	_										
	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										
	D.	No ☐ I I Yes ☐ I	f no, you do not objective icense application. f yes, did that requirements to ob	qualify for the state require tain this license	ualify for the Universal lic	may apply us	ing the Boaraining and	or experience				
	E.	E. Complete the following table and include all <u>current</u> and <u>expired</u> licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States. A Certification of Licensure/Letter of Good Standing <sup>*</sup> must be sent to the Board for Waterworks & Wastewate Works Operators & Onsite Sewage System Professionals and must be dated within the last <b>60 days</b> from each jurisdiction.										
		State/J	urisdiction	License, Certific	ation or Registration Number	Did you pass an examination	? Expi	ration 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 <a href="maileownth:waterwasteoper@dpor.virginia.gov">waterwasteoper@dpor.virginia.gov</a>, faxed to 877-340-9616, or mailed to:
Board for Waterworks & Wastewater Works Operators & Onsite Sewage System Professionals,
9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

	Г.	application No		e arry unitesorved compla	ints of investigations pending agains	st you at the time y	ou submitted this		
		Yes		If yes, please give a brie	ef description of this complaint/pending	g investigation:			
Skip	to qu	estion #1	12.						
11.	For	applicant	s who	do not hold a current li	cense or certificate.				
	A.	Do you profess		•	on of the United States (other than	- ,			
		No		If no, you do not qualify application.	for the Universal license. You may ap	oply using the Board	d's exam & license		
		Yes		If yes, have you worked	in this profession for a least three year				
					lo not qualify for a Universal License am and license application.	at this time. You ma	ay apply using the		
				Yes	ин ана постое аррпоатон.				
	B.	Have yo	ou eve	er passed an examination	for this profession in any state or terr	itory of the United S	tates?		
		No			uired to take the Virginia examination  ill be notified by the Board when they	•	•		
		Yes		If yes, provide the follow	ring information about the examination	1:			
				State/Jurisdiction:	Dat	e of Examination _	(4)400000		
				<b>Required Documentation</b> : A National/Board-approved exa	Attach a copy of a certificate or other documental mination.	entation showing succes	(MM/YYYY) Esful completion of the		
	C.	List all t	he sta	ates or jurisdictions of the	United States where you have practic	ced this profession:			
					D ( ) (0 )		Dates of Employment		
		Sta		tate/Jurisdiction	Profession/Occupation	Start (MM/YY)	Finished (MM/YY)		
	D.	•	eriend		be complete and submitted along with	n this application. Is	one attached?		
		No > Exp	 erieni	Yes   Ce Verification Form is loc	ated herehttps://www.dpor.virginia.	gov/sites/default/file	s/hoards/		
				DSSP/A436-19STATE_EX		30 77011007 401441111110	S. 2001 401		

12.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulation body?  No   Yes   If yes, complete the <u>Disciplinary Action Reporting Form.</u>	ory
	1 yos, complete the <u>Disciplinary Action Reporting Forms.</u>	
13	A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of United States of any <a href="felong">felong</a> ? Any plea of nolo contendere shall be considered a conviction.  No	the
	Yes If yes, complete the Criminal Conviction Reporting Form.	
	B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of United States of any <b>misdemeanor</b> within the <b>last three years</b> (except marijuana convictions)? <i>Any plea of ne contendere shall be considered a conviction</i> .  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 application will delay processing and may lead to license revocation or denial of license.	this
	<ul> <li>I will notify the Board of any changes to the information provided in this application prior to receiving requested license, certification, or registration including, but not limited to any disciplinary action or conviction a felony or misdemeanor (in any jurisdiction).</li> </ul>	
	<ul> <li>I authorize the Department to verify information concerning me or any statement in this application from a person, or any source the department may contact. I also agree to present any credentials or docume required or requested by the Department.</li> </ul>	
	<ul> <li>I authorize any federal, state or local government agency, current or former employer, or other individua business to release information which may be required for a background investigation.</li> </ul>	l o
	<ul> <li>I have read, understand and complied with all the laws of Virginia related to this profession under the provision of Title 54.1, Chapter 23, of the Code of Virginia and the Waterworks and Wastewater Works Operators Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators and On Sewage System Professionals.</li> </ul>	tors
	Signature Date	