

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 EXPERIENCE VERIFICATION APPLICATION
 Onsite Soil Evaluator Applicants only**

(Use only *one* verification application per experience.)

Section A: To be completed by the applicant only. Complete items #1 through #9, then forward this form to the individual who will verify the experience.

1. Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers*:

Social Security Number or Virginia DMV Control Number - -

* 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.

3. Mailing Address _____
City State Zip Code

4. Check the type of license you are requesting: (only one license type per form)

Journeyman Conventional Onsite Soil Evaluator **Journeyman Alternative** Onsite Soil Evaluator
 Master Conventional Onsite Soil Evaluator **Master Alternative** Onsite Soil Evaluator

5. Employer (company where experience was obtained) _____

6. Employer's Mailing Address _____
City State Zip Code

7. Provide the following information for the *experience being verified*:

A. Job Title _____

B. Time period in which the experience was obtained: Start Date _____ - End Date _____
MM/YY MM/YY

C. Employment Type: Full time
 Part-time Total Hours: _____ Total Number of Days: _____

D. Select the appropriate category for the experience gained during the time frame listed above. Also provide the percentage of time spent in the category selected:

Category	Experience Gained <small>(check all that apply)</small>	% of Time
<input type="checkbox"/> System Design:	<input type="checkbox"/> Trenches	
	<input type="checkbox"/> Gravity	
	<input type="checkbox"/> Pump to Gravity	
	<input type="checkbox"/> Pad	
	<input type="checkbox"/> Other:	

X	Category	Experience Gained (check all that apply)	% of Time
<input type="checkbox"/> Treatment:		<input type="checkbox"/> Fixed Film	
		<input type="checkbox"/> Suspended Media	
		<input type="checkbox"/> Hybrid	
		<input type="checkbox"/> Other:	
<input type="checkbox"/> Others/Misc.:		<input type="checkbox"/> Soil Evaluation	
		<input type="checkbox"/> Site Delineation	
		<input type="checkbox"/> Disinfection	
		<input type="checkbox"/> Inspections	
		<input type="checkbox"/> Other:	

8. Describe the onsite soil evaluation work that you personally performed: (Attach separate page if more space is needed.)

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Applicant's Signature _____ Date _____

Section B: To be completed by the Verifier.

Verifier - This section is to be completed by the applicant's verifier. (Refer to the the Board's regulations for requirement).

Complete questions B.1. - B.9. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.

1. Verifier's Name _____
Last First Middle Generation

2. Verifier's Relationship to Applicant:
 Supervisor Employer Other: _____

3. Business Name _____

4. Do you hold a *current* or *expired* license or certification in Virginia? If so, please check the license type and provide your license number.

- Onsite Soil Evaluator - License No. _____
- Authorized Soil Evaluator - License No. _____
Certified by VDH prior to July 1, 2009
- Professional Engineer - License No. _____
- Other: (explain) _____

5. Are the dates in which the experience was obtained, correct? (See Section A, question 7.B.)

- No If no, clarify the dates: _____
- Yes

6. To the best of your knowledge, did the applicant correctly describe his/her experience? (See Section A, question 7.D & 8.)

- Yes
- No If no, provide a description of the type of work or project performed by the applicant and the complexity of his/her work:

7. Was the applicant employed full-time?

- No If no, how many hours did the applicant work each week? _____
- Yes

8. Additional Comments:

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Certifying Verifier's Signature _____ Date _____