

## Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals TRAINING COURSE APPROVAL APPLICATION

**Application is only for Providers seeking approval for a Training Course.**

**Only one training course approval per application.**

The Board does **not** approve any Providers for continuing education courses.

1. Select the category of licensure for which you are seeking training course approval (only one training course per application):

- Waterworks Operator       Onsite Soil Evaluator       Onsite Sewage System Operator  
 Wastewater Works Operator       Onsite Sewage System Installer

2. Name of Training Provider/Sponsor \_\_\_\_\_

- Must be an identifiable organization with a staff of one or more persons with the authority to administer/coordinate a training credit program.
- A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

3. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_

4. A. Type of business entity (select only **one**)

- Sole Proprietorship       General Partnership       Solely Owned LLC ♦       Other, please specify:  
 Corporation ♦       Limited Partnership ♦       Limited Liability Company ♦ \_\_\_\_\_

**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company

B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)

- Attach a copy of the Certificate of Assumed or Fictitious Name filed with the State Corporation Commission pursuant to §59.1-69 of the Code of Virginia or other proof of registration with the State Corporation Commission.
- ♦ If the firm/business is a **corporation, limited liability company, or limited partnership**, the firm/business trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers\*:

Business Federal Employer Identification Number (FEIN)

-											

Federal Employer Identification Number (12-3456789)

*Sole Proprietor's/Individual's* Social Security Number **or**

-					-														

Social Security or Virginia DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

- Enter the same identification number as used on previous applications or licenses on file with the department.
- \* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

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) \_\_\_\_\_

**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_  
Primary Telephone
Alternate Telephone
Fax

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

10. Name and Title of Contact Person \_\_\_\_\_  
Name
Title

11. Course Title \_\_\_\_\_

12. Location where the course will be taught \_\_\_\_\_

13. Frequency of the course:  
 One time only (provide date) \_\_\_\_\_  
 Multiple times (list all dates) \_\_\_\_\_

14. Describe the relevance of the course to the category selected in question #1:  
 \_\_\_\_\_

15. List all instructors information below and attach a copy of each Instructor's resume or Curriculum Vitav (CV):

Name	Title	Employer	Attachment
			<input type="checkbox"/> Resume <input type="checkbox"/> CV
			<input type="checkbox"/> Resume <input type="checkbox"/> CV
			<input type="checkbox"/> Resume <input type="checkbox"/> CV

16. *I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.*

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required Attachments to follow.)

## Attachments required for Board Approval

Each of the following attachments must be submitted with the application before it can be considered for course approval. List each attachment in the order that they are compiled in the list below. Include a spacer page for each attachment for simple identification. The spacer page should be a single sheet of paper with the attachment number and title in large letters. For example, "Attachment #1: Mission Statement". Only complete applications with all required attachments will be considered for course approval.

- **Attachment #1: Mission Statement.** Attach a copy of the organization's mission statement that outlines its functions, structure, process, and philosophy.
- **Attachment #2: Record Policy.** Attach a copy of the company's policy on the retention and release of student records. This policy must include the establishment that records are maintained a minimum of 7 years by the organization.
- **Attachment #3: Course Objectives.** Attach a list of stated course objectives of the skills, knowledge, or attitude that the participant will be able to demonstrate as a result of the training.
- **Attachment #4: Course Completion.** Attach the course completion certificate, showing successful complete of a training course, participants must attend 90% or more of the class contact time and must demonstrate their learning through written examinations, completion of a project, oral examination, or other similar assessment technique.
- **Attachment #5: Course Schedule.** Attach the course schedule, hour by hour, including any planned breaks.
- **Attachment #6: Course Outline.** Attach a detailed course outline including major topics, laboratory and field activities, audio-visual presentation, any other major activities, and the planned presentation sequence.
- **Attachment #7: Commercial Publications.** Attach a list of the name, publisher, and publication date for commercially available publications used in the course.
- **Attachment #8: Commercial Audio-Visual Materials.** Attach a list of commercially available audio-visual support materials that will be used in the course. If sponsor or instructor-generated videos will be used, attach a brief description of each item.
- **Attachment #9: Additional Reference Materials.** Attach a copy of any other reference materials that will be utilized by the instructor during the course. This includes handouts to the students as well as the instructor's reference materials.