

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
**PSI**  
 3210 E. Tropicana  
 Las Vegas, NV 89121  
 (800)733-9267  
[www.psiexams.com](http://www.psiexams.com)



**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals  
 EXPERIENCE VERIFICATION FORM**

→ Use only one Verification form per work experience

**Section A:** To be completed by the applicant.

**Instructions:**

*Applicant:* Complete items #1 through #9, then forward this form to the company named in #4.

1. Name

\_\_\_\_\_

Last	First	Middle	Generation
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2. Social Security Number or Virginia DMV Control Number \*

<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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\* 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
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4. Employer (company where experience was obtained) \*

\_\_\_\_\_

5. Employer's Mailing Address\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Waterworks & Wastewater Works applicants must list the Facility name and address as noted on the permit issued by DEQ or VDH

6. Employee Status

Full-time	<input type="checkbox"/>	(minimum of 35 hours per week)
Part-time	<input type="checkbox"/>	Total Hours _____ Total Days _____
Contract	<input type="checkbox"/>	<i>Applicants working under contract with a facility must provide a signed statement from the Facility's owner/representative verifying that an employment contract exists between the facility and the applicant.</i>

7. Time period in which experience was obtained:

From (MM/DD/YY) \_\_\_\_\_ To (MM/DD/YY) \_\_\_\_\_

8. Check the one type of license you are requesting.

<input type="checkbox"/> Waterworks Operator Class I-VI	<input type="checkbox"/> Onsite Soil Evaluator
<input type="checkbox"/> Waterworks Operator Provisional Class I-VI	<input type="checkbox"/> Onsite Sewage System Installer
<input type="checkbox"/> Wastewater Works Operator Class I-IV	<input type="checkbox"/> Onsite Sewage System Operator
<input type="checkbox"/> Wastewater Works Operator Prov. Class I-IV	

9. Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section B** Verifier for Waterworks and Wastewater Works Applicants only.

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**Instructions:**

Verifier: This section is to be completed by the applicant's supervisor or other individual in responsible charge at the facility listed in item #4.  
Complete items #10 through #20. Return it to the applicant (for inclusion in his/her application package) or mail directly to PSI at the address listed above. Your prompt response is appreciated.

10. Verifier's Name \_\_\_\_\_  
Last First Middle Generation

11. Relationship to Applicant  Supervisor  Employer  Other \_\_\_\_\_

12. Current Position \_\_\_\_\_

13. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

14. Certifying Supervisor's Virginia Operator License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

15. Facility VDH Permit Number (Waterworks Facility)  Facility Class \_\_\_\_\_

16. Facility DEQ Permit Number (Wastewater Works Facility)  Facility Class \_\_\_\_\_

17. Has the facility been reclassified? No  Yes  Date of reclassification \_\_\_\_\_

18. Are the dates of employment shown in item #7 correct?  
Yes   
No  If no, clarify. \_\_\_\_\_

19. Was the applicant's experience during his/her employment period **solely** limited to the operation and maintenance of wastewater collection systems and water distribution systems, laboratory work, plant maintenance, and other non-operating duties?  
No  If no, please specify the applicant's duties.  
Yes  If yes, you are only eligible for the Class V or VI Waterworks Operators. See 18VAC160-20-90.B.4 and 90.B.5

20. I certify that the applicant has met the experience requirements of 18 VAC 160-20-90 of the *Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations* and that, to the best of my knowledge, all information provided on this form is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
M/D/YY



32. In your judgment, has the applicant's work been of a satisfactory quality?

No

Yes  Please write a brief statement about the applicant in regards to this question.

33. Additional Comments:

34. Signature \_\_\_\_\_ Date \_\_\_\_\_