Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors
CERTIFIED WATER WELL SYSTEM PROVIDER UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION

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.

> 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.

	Select one license type you are requesting:							
	X License Type						Fee	
	<u> </u>	2719 - Licensed/Certified Water Well System Provider - Trainee						
	<u> </u>	19 - Unlicensed/U	Incertified Water	ncertified Water Well System Provider - Trainee ULR by exam				
	<u> </u>	19 - Licensed/Cer	tified Water Well	System Provider - Journeyman			\$130.00	
	<u> </u>	19 - Unlicensed/U	Incertified Water	Well System Provider - Journeyman ULR by exam			\$130.00	
				ell System Provider - Master			\$130.00	
	<u> </u>	19 - Unlicensed/U	Incertified Water	Well System Provide	r - Master ULR by exam	1005	\$130.00	
	Have you <u>ever</u> held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation? No Yes Full Legal Name (As it appears on your government issued ID or other legal documentation.)							
	Last (required) First (required) Middle							Generation
3.	Provide at least <u>one</u> of the following identification numbers [*] :							
	Social Security Number and							
	☐ <u>Virginia</u> 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 issue by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.						occupation issued	
4.	Date of Birth	MM/DD/Y		flust be at least 18 y	ears of age.)			
5.	Maiden or For	mer Name(s)						
6. Mailing Address (PO Box accepted)								
0.	The mailing address will be printed on the license.							
				City			tate	Zip Code
7.	Street Address (PO Box not accepted)			Check here if Street Address is the <u>same</u> as the Mailing Address listed above.				
1.		•	. ,					
PHYSICAL ADDRESS REQUIRED								
				City			tate	Zip Code
		1		,				•
BOARD USE ONLY	ETS							
OFFICE	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICE	NSE #		ISSUE DATE
USE ONLY					2719			

8.	Contact Numbers							
9.	Email Address	Primary Teleph	one	Alternate Telephone				
0.	Email / Idarooc	Email address is considered a public record and will be disclosed upon request from a third party.						
10.	Applicants who ho	d a <u>current</u> license/cer	tificate:					
	A. Do you hold a	hold a <i>current</i> (non-Virginia) license or certificate issued by a regulatory board or government entity? If no, skip to question #11. If yes, have you held this license/certificate for at least 3 years? No If no, you do not qualify for the Universal license. You may apply using the Board license application. Yes						
	B. Did your curr	ent state or vour state o	f original licens	sure/certification require you	to pass an exan	nination?		
	No Yes	No If no, you do not qualify for the Universal license. You may apply using the Board's <u>License Application</u> .						
	C. 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. The Certification of Licensure/Letter of Good Standing must be submitted by from the state board/regulatory body directly to Board for Contractor - Tradesmen Program and must be dated within the last 90 days from							
	each jurisdict State/Jurisdi		Trainee (T) Journeyman (J) Master (M)	License or Certification Number	Did you pass an examination?	Expiration Date		
r e	registration number; 2) t exam, reciprocity, etc.) a violation or undetermined Cel B	the initial date of licensure; and the minimum requirement of finding. If finding. It finding to the state of the contractor of the contractor of the company that is any unresolved company the company that is a state of the company that is a stat	B) the expiration of that were met radesmen@dpor. nen, 9960 Maylar laints or inves	e state board or regulatory body late of the license or renewal date to qualify for licensure; and 5) all virginia.gov, faxed to 877-340-961 d Drive, Suite 400, Richmond, VA tigations pending against y	; 4) the means of of closed disciplinary 6 or mailed to: 23233-1485 ou at the time	btaining licensure (i.e. actions resulting in a		

11.	For	For applicants who do not hold a current license or certificate.								
	A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does not regulate you									
		profess	ion?							
		No		If no, you do not qualify for the Universal license. You may apply using the Board's Exam & License Application						
		Yes		License Application. If yes, have you worked in this profession for a least three years?						
				•	•	•	ime. You may an	olv using the		
				No If no, you do not qualify for a Universal License at this time. You may apply using the Board's Exam & License Application.						
	Yes									
	B. Have you ever passed an examination for this profession in any state or territory of the United States?									
	No If no, you <u>will</u> be required to take the Virginia examination upon the Board' application. Applicant will be notified by the Board when they are eligible to sit for									
		Yes								
				State/Jurisdiction:	Date of Exa	Date of Examination				
				Paguired Decumentation	Attach a copy of a cortificate or o	other decumentation s	,	NYYYY)		
	Required Documentation : Attach a copy of a certificate or other documentation showing successful completic National/Board-approved examination.									
	C.	List all t	ne sta	ate or jurisalction of the t	United States where you hav			1		
				State/Jurisdiction	Profession/Occupation	Date Employ				
				State/Julisdiction	Profession/Occupation	Start (MM/YY)	Finished (MM/YY)			
				*Show a	minimum of 3 years of emplo					
	*Show a minimum of 3 years of employment.									
	D. An Experience Verification Form* must be complete and submitted along with this application. Is one attached?									
	No									
	* <u>Tradesman Experience Verification Form</u> is located here - https://www.dpor.virginia.gov/sites/default/files/									
	boards/Tradesman/A501-27EXP_pdf.pdf.									
12.	Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory									
	body?									
	No No No No No No No 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 felony ? <i>Any plea of nolo contendere shall be considered a conviction.</i>									
		No 🗆								
		Yes If yes, complete the Criminal Conviction Reporting Form.								

B. Have you ever been convicted or found guilty, regardless of the manner of adjudicate United States of any misdemeanor ? Any plea of nolo contendere shall be considered No	
By signing this application, you acknowledge that if you are not a Virginia resident, or move outside a Virginia Contractors License, you understand that this application serves as a written power appoint the Director of the Department of Professional and Occupational Regulation, and his/her your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process again served and who is hereby authorized to enter an appearance on your behalf in any case or profession practiced; and that by submitting this application, you hereby agree that any which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity	er of attorney, whereby your successors in office, to be ast and notice to you may be occeedings arising out of the lawful process against you
18-VAC-50-30-30.7 of the Board for Contractors Individual License and Certification Regular resident applicant for a license or certificate shall file and maintain with the department an indepartment to serve as service agent for all actions filed in any court in this Commonwealth. service is required, the director of the department will mail the court document to the individual at	revocable consent for the In those instances where
 By signing this application, I certify the following statements: I am aware that submitting false information or omitting pertinent or material inform application will delay processing and may lead to license revocation or denial of lice. I will notify the Board of any changes to the information provided in this applic requested license, certification, or registration including, but not limited to any discip a felony or misdemeanor (in any jurisdiction). I authorize the Department to verify information concerning me or any statement person, or any source the department may contact. I also agree to present an required or requested by the Department. 	nse. cation prior to receiving the linary action or conviction or in this application from any
 I authorize any federal, state or local government agency, current or former emp 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 pro 	on.
of Title 54.1, Chapter 11, of the Code of Virginia and the Virginia Board for Contra	ctors Individual License and

Signature

Date