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 Waste Management Facility Operators TRAINING COURSE APPROVAL APPLICATION No Fee Required

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.

		have an existin Waste Manag		number with Depa Operators?	rtment of Profe	essiona	l and (Occup	ational	Regi	ılatioı	n or th	е
	Yes	If yes, provide	your existing	Provider Registrat	on Number:								
1.	A sole pro		er his/her full lega	etor Name al name and the compa rnment issued ID or orç				v as the	: Trade/	DBA n	 ame. <i>P</i>	All name	<u>-</u>
2.		Business As"											_
	▲ Attach a c	opy of the certifica	te filed with the C	Clerk of the Court in the	locality where bu	siness w	ill be co	nducted	d (if requ	ired b	y the Id	ocality).	
3.	A. Type of	business entity	(select only o	ne)									
	_	Proprietorship poration •		I Partnership ☐ S Partnership ☐ L	olely Owned LL imited Liability (Other,	please	speci	fy:		
				nent Agency, Joint Ver Proprietor (Non-Broker		ility Part	nership,	Non P	rofit, Pro	ofessio	nal Co	rporatio	ก,
		rporation Commi		: (If applicable)									
	the Virgini under the trade or fi	a State Corporation laws of the Commotitious names with	n Commission (in onwealth of Virgir the State Corpor	bility company, or lim ncluding all out-of-state nia or otherwise author ration Commission or t t the SCC at www.scc.	e businesses). Firm zed to transact bune clerk of court in	m/Busine Isiness in Ithe cou	esses sh Virginia nty or ju	nall be o a. Firm urisdictio	organize /Busines on where	ed as b sses m	ousines oust reg	s entitie gister ar	es ny
4.	Provide one	of the following	identification r	numbers*:									
	☐ Busines	s Federal Emplo	yer Identificatior	n Number (FEIN)	Federal	- Employer	· Identific	ation Nu	ımber (12	2-34567] '89)		
	✓ Virginia ➤ Enter the s * State law re	equires every applica	Motor Vehicles Comber as used on pront, who is not a so	•	enses on file with the ned LLC, to provide	a federal	ent. employe	r identific	cation nu	ımber.	Sole pr		
5.	Mailing Addre	ess (PO Box ac	cepted)	-				_					
0.	The mail	ing address will be d on the license.		City					State		Zip C	ode	_ _
6.		ss (PO Box <u>not</u> AL ADDRESS RE		Check here if St	reet Address is the s	same as t	he Mailir	ng Addre	ss listed	above.			_
				City					State		Zip C	ode	_
OFFICE	DATE	FEE	TRANS CODE	ENTITY#		FILE #/L	ICENSE #				ISSUE	DATE	٦
USE ONLY			1020		4606								

Contact Numbers									
	Primary Telephone	Alternate Telephon	e	Fax					
Email Address									
0		idered a public record and will be dis	closed upon request fror	m a third party.					
Contact Person Name	e and little Name		Title						
Contact Person's Tele									
Contact i erson's refe	Ephone Numbers	Primary Telephone							
Course Title									
Type of Course to be	offered: (Select all that ap	oply)							
Pre-license Tra	ining Course or Co	ntinuing Education Course							
The course attendees	will be trained for which lic	ense classification? (Only on	<u>e</u> course approval p	er application.)					
☐ Class I ☐ Class III ☐ Class IV									
Method of Instruction	(Select all that apply)								
Classroom	Correspondence								
Online		earning (describe):							
	_								
How many contact ho	urs will the course offer?								
Will this course be offered more than one time?									
No If no, provide the scheduled course date:									
Yes If yes,	provide the date(s) and time	e the course(s) will be offered:							
Location(s) where cou	urse(s) will be taught:								
		n instructor listed below to inc te trade designations or trainir		d to their education					
training background, a		le trade designations or training	ig certifications.	Resume					
Ins	tructor's Name	License No (if applicable)	Phone Number	Attached?					
				Yes					
				Yes					
				Yes					
How will satisfactory of	completion of this course he	e determined? (Select <u>all</u> that	annly)						
Attendance	Site Visits]	арріу)						
Examination	Skill Demonstrations]							
Others	Please list:	_							
I, the undersigned, c		atements and answers are tro	ue, and that I have	not suppressed an					
· ·	, ,	to approve this application.	•	, ,					
Print Name of Contac	t Person								
Signature of Contact	Person		Date						

Required Attachments

The following attachments must be provided for each course. Please include a spacer page to label each attachment according to the numbers listed below.

- Attachment # 1: Course Syllabus The course syllabus lists the purpose of the course and the main topics covered in the course. This includes any specific code sections to be discussed in the continuing education course. Vocational training courses should include a detailed curriculum for the training program. Backflow prevention device worker vocational training programs must include instruction in a wet lab as part of the syllabus.
- Attachment # 2: Instructor Information List all instructors for the course with applicable Virginia Tradesman, Individual Certification, or Contractor license numbers (if available). In addition, a one-page resume with appropriate teaching and technical experience must be included for each instructor.
- Attachment # 3: Course Materials and Fees Information pertaining to any materials used or distributed during the course, including books, handouts, pamphlets, and slide presentations/overheads. If the materials are "custom" information, i.e. developed by the provider, please provide a copy. If you will be using materials developed by an outside source, please provide detailed information about the publication. A copy of the materials may be requested. Please provide the fees that will be assessed for the course and whether or not the fees include any materials for the course and, if not, the materials that students are required to furnish.
- Attachment # 4: Schedule of Course Dates and Locations Provide information pertaining to the anticipated schedule and location(s) for the course. If you have not developed a schedule, please provide an anticipated start date for the program. Please note that you must provide the Board office with a final schedule and location(s) prior to holding the class.
- Attachment # 5: Course Completion Certificate If students will be provided with a certificate of completion at the end of the course, please provide a copy marked "sample."
- Attachment # 6: Online/Correspondence Course Information If an online or correspondence course, please provide information on the security procedures to be utilized. In addition, provide information on the test that will be given at the end of the course and security related to the test. Online providers must provide the website address, user ID, and password to be utilized by the Board during the review process in order to access your course. Correspondence course providers must provide a copy of the packet that will be distributed to students.