Board for Waste Management Facility Operators
EXPERIENCE VERIFICATION FORM
No Fee Required

Instructions:
Section A: To be completed by the applicant
Section B: To be completed by the supervisor or personnel officer from the employer listed in on this application and returned to Virginia Board for Waste Management Facility Operators at the address printed above. Additional forms should be completed for each employer verifying your experience. Individuals who are under contract with a facility owner may obtain a letter for verification or have this form completed by the facility owner.

Section A

1. Name
   Last ____________________________________________ First ________________ Middle ____________________________________________ Generation ____________________________________________

2. Provide one of the following identification numbers.
   - Social Security Number
   - 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 (PO Box accepted)
   If a mailing address is submitted, the mailing address will be printed on the license.
   ____________________________________________
   City ____________________________________________ State __________ Zip Code __________

4. Street Address (PO Box not accepted)
   PHYSICAL ADDRESS REQUIRED
   ____________________________________________
   City ____________________________________________ State __________ Zip Code __________

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

5. Contact Numbers
   Primary Telephone ____________________________________________
   Alternate Telephone ____________________________________________
   Fax ____________________________________________

6. Employer's Name ____________________________________________

7. Employer's Street Address ____________________________________________
   City ____________________________________________ State __________ Zip Code __________

8. Job Title ____________________________________________

9. Dates of Employment From ________________ To ________________
   MM/DD/YYYY MM/DD/YYYY

10. Describe your daily job activities in detail. Include how much time you spend at the site, your duties, and how many individuals you supervise. Inadequate job description will be returned for additional information.
   ____________________________________________

11. Signature ____________________________________________ Date ____________________________________________
Section B

12. Is/was the applicant employed during the time period indicated on this application?
   No ☐ Yes ☐
   If no, when was the applicant employed? ________________________________

13. Is the job description on this application accurate and complete?
   No ☐ Yes ☐
   If no, what changes should be made? ________________________________

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that may affect the decision to approve this application.
   Certifying Supervisor's Name and Title ________________________________

   Certifying Supervisor's Signature ________________________________ Date ____________