Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals

EXPERIENCE VERIFICATION APPLICATION

Installer and Operator Applicants only

(Use only one verification application per experience.)

Section A: To be completed by the applicant only. Complete items #1 through #9, then forward this form to the individual who will verify the experience.

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
   ___________________________
   City ___________________________ State ___________________________ Zip Code ___________________________

4. Check the type of license you are requesting: (only one license type per form)
   - Journeyman Conventional Onsite Sewage System Installer
   - Journeyman Alternative Onsite Sewage System Installer
   - Master Conventional Onsite Sewage System Installer
   - Master Alternative Onsite Sewage System Installer
   - Journeyman Conventional Onsite Sewage System Operator
   - Journeyman Alternative Onsite Sewage System Operator
   - Master Conventional Onsite Sewage System Operator
   - Master Alternative Onsite Sewage System Operator

5. Employer (company where experience was obtained) ___________________________

6. Employer's Mailing Address ___________________________
   City ___________________________ State ___________________________ Zip Code ___________________________

7. Provide the following information for the experience being verified:
   A. Job Title ___________________________
   B. Time period in which the experience was obtained: Start Date ___________ - End Date ___________ MM/YY - MM/YY
   C. Employment Type:   ☐ Full time
                         ☐ Part-time
                         Total Hours: ___________ Total Number of Days: ___________
   D. Select the appropriate category for the experience gained during the time frame listed above. Also provide the percentage of time spent in the category selected:

<table>
<thead>
<tr>
<th>X</th>
<th>Category</th>
<th>Experience Gained (check all that apply)</th>
<th>% of Time</th>
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<tbody>
<tr>
<td></td>
<td>Treatment System Type:</td>
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<td></td>
<td>☐ Septic Tank</td>
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<td>☐ Suspended Media Aerobic</td>
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<td>Treatment Unit</td>
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<td>☐ Fixed Film Aerobic</td>
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<td>Category</td>
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<td>Hybrid</td>
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<td>Other: (explain)</td>
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<td>Disinfection:</td>
<td>Chlorine Disinfection</td>
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<td>Ultraviolet Disinfection</td>
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<td>Other: (explain)</td>
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<td>Dispersal:</td>
<td>Gravity</td>
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<td>Pumped to Gravity</td>
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<td>Pressure</td>
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<td>Other: (explain)</td>
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<td>Dispersal Areas:</td>
<td>Trenches</td>
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<td>Pads</td>
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<td>Low Pressure Dosing (LPD)</td>
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<td>Mounds</td>
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<td>Discharging</td>
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<td>Drip-Dispersal</td>
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<td>Other: (explain)</td>
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<td>Dosing Regiments:</td>
<td>Demand</td>
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<td>Timed</td>
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<td>Other: (explain)</td>
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8. Describe the onsite sewage system work that you personally performed:  
(Attach separate page if more space is needed.)

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Applicant's Signature ________________________________ Date ___________
Section B: To be completed by the Verifier.

Verifier - This section is to be completed by the applicant's verifier. (Refer to the Board's regulations for requirement).

Complete questions B.1. - B.10. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.

1. Verifier's Name
   Last               First               Middle               Generation

2. Verifier's Relationship to Applicant:
   - [ ] Supervisor
   - [ ] Employer
   - [ ] Other: ______________________________

3. Business Name ______________________________

4. Do you hold a current or expired license or certification in Virginia? If so, please check the license type and provide your license number.
   - [ ] Master Onsite Sewage System Installer - License No. ______________________________
   - [ ] Master Onsite Sewage System Operator - License No. ______________________________
   - [ ] Authorized Soil Evaluator - Certified by VDH prior to July 1, 2009 License No. ______________________________
   - [ ] Professional Engineer - License No. ______________________________
   - [ ] Other: (explain) ______________________________

5. Is the applicant applying for an Installer license?
   - [ ] No
   - [ ] Yes If yes, does the applicant's work for a Contractor with a contractor's license with an SDS (sewage disposal system) specialty issued by the Virginia Board for Contractors?
     - [ ] No
     - [ ] Yes If yes, provide their license number and expiration date below:
       VA License No. 2 7 ______ ______ ______ ______ ______ Expiration Date ______

6. Are the dates in which the experience was obtained, correct? (See Section A, question 7.B.)
   - [ ] No If no, clarify the dates: ______________________________
   - [ ] Yes

7. To the best of your knowledge, did the applicant correctly describe his/her experience? (See Section A, question 7.D & 8.)
   - [ ] Yes
   - [ ] No If no, provide a description of the type of work or project performed by the applicant and the complexity of his/her work:

________________________________________________________________________

________________________________________________________________________
8. Was the applicant employed full-time?
   No ☐ If no, how many hours did the applicant work each week? __________________________
   Yes ☐

9. Additional Comments:

10. I certify, to the best of my knowledge, all information provided on this form is true and accurate.
    Certifying Verifier's Signature __________________________ Date __________