Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8595



www.dpor.virginia.gov

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals OUT-OF-STATE FACILITY DESCRIPTION & EXPERIENCE VERIFICATION APPLICATION No Fee Required

(Complete one form per facility)

Instructions:

This form should be completed by applicants who hold a valid (unexpired) out-of-state-license or certification. This form must be signed by the applicant's immediate supervisor verifying applicant's experience from the facility listed in question #3. An original Certification of Licensure/Letter of Good Standing (dated within the last 60 days) must be included with your exam application.

1.	Name						
	Last	First		Middle	Generation		
2.	Dates of Employment Fro	om:	To: _				
		MM/DD/YYYY	,	MM/DD/YYYY			
3.	Facility Name						
4.	Facility Street Address						
	City			State	Zip Code		
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5.	Did you pass a national standardized exam or a state required exam to qualify for your current license?						
	□ No □ Yes If ye	s, attach exam result	s to this applicati	on.			
6.	Applicant's Signature			Date)		
7.	Waterworks Facilities:						
	Design Hydraulic Capacity: MGD Number of persons served:						
	0 , 1 ,			· _			
Treat	ment Methods Used (check Al	∟L that apply)					
	Slow sand filtration		Membrane technolo	gy * without pretreatment			
	Biological activated carbon contactor	ors	Membrane technolo	gy * requiring pretreatment consisting	ng of pH adjustment		
	Aeration		Membrane technolo	gy * requiring pretreatment other that	an pH adjustment		
	Rechlorination other than with hypo	chlorination	Corrosion control				
	Activated carbon contactors		Disinfection other th	an hypochlorination			
	Iron and Manganese removal		Hypochlorination				
	Ion exchange		No Treatment (Clas	s 4 and Class 5 well systems only)			
	Caustic Soda Feed						
Chem	nical coagulation or lime softer	ning in combination w	rith:				
	Sedimentation	J	Aeration				
	Rapid sand filtration		Corrosion control				
H	Fluoridation		Membrane technolo	gies *			
	Disinfection			-			

^{* &}quot;Membrane technologies" includes electrical dialysis reversal, reverse osmosis, ultra filtration, micro filtration, and nano filtration.

	ical coagulation of lime softening coupled with multimedia granular lift ation of granular lift ation at rates above 2.0 gpm/ e foot in combination with:
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	Sedimentation Aeration
	Fluoridation Corrosion control Disinfection
ш	naceous earth filtration coupled with:
	·
	Aeration Disinfection
	Corrosion control Fluoridation
8.	Wastewater Facilities:
	Design Hydraulic Capacity: MGD
Treatn	nent Methods Used (check all that apply)
	☐ Natural treatment methods**
	Physical Treatment Methods
	Screening Flow equalization
	Grit removal Settling
	Grinding Floatation
	Pre-aeration
	Biological Treatment Methods
	Secondary settling/clarification
	Suspended growth reactors
	Aerated lagoons
	Other lagoons
	Constructed wetlands
	Biological filters or other attached growth contractors
	Processes using biological nutrient removal
	Processes using land applications
	Membrane bioreactors
	Advanced Waste Treatment Methods
	Tertiary settling (after precipitation)
	Phosphorous removal
	Ammonia stripping
	Carbon absorption
	Chemical coagulation
	Flocculation
	Precipitation
	Filtration (all varieties)
	Demineralization***
	Disinfection
	UV De-chlorination
	Ozone Post-aeration
	Chlorination
	Hypo-chlorination

	Solids Handling									
	Thickeners	Compos	sting							
	Dewatering	Drying								
	Digestion	Incinera	tion							
	Anaerobic	Disposa	l							
	Aerobic									
* TI	Those not utilizing aerated or mixed flows and not using electrical or outside energy sources to accomplish treatment									
*** Ion exchange, reverse osmosis or electrodialysis										
9.	Supervisor's Name									
	T	ast	First	Middle	Generation					
10.	Supervisor's Contact N	umbers								
	•		mary Telephone	Alternate Telephone	Fax					
11.	I certify, to the best of my knowledge all information provided on this form is true and accurate.									
	Supervisor's Signature			Da	ate					