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



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Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals VIRGINIA EXPERIENCE VERIFICATION APPLICATION Waterworks and Wastewater Works Operators Applicants only

Section	on A: To be completed by the <u>applicant</u> question #4.	ly <u>one</u> verification only. <i>Complete it</i>					•	this fo	orm to	the Em	nploy	er na	amed in
1.	Name												
	Last	First				Mid	dle					Gene	ration
2.	Provide one of the following identification				*					_			
	Social Security Number or	☐ Virginia DMV	Control N	umbei	r			-					
	* State law requires every applicant for a lice by the Commonwealth to provide a social state.										or occ	cupatio	n issued
3.	Applicant's Mailing Address												
		City							Stat	<u>е</u> –	Z	ip Co	de
4.	Employer's Facility/Employer's Name	*											
5.	Employer's Facility/Employer' Addres												
	erworks and Wastewater Works applicants mus been gained as an interim or master altern ned.									Q or V	DH.		erience
6.	Employee Status												
	☐ Part-time	Total Hours:			Т	otal [)ays:						
7.	Time period in which experience was	obtained Fron	n:				To:				_		
0					D/YYYY		0		MN	I/DD/YYYY			
8.	No						nse?						
	VA License Number	1 9					Ехр	iratior	n Date				
9.	Do you hold an expired Interim or a control No	ense number and 1 9 cense No. 1 9	I expiratio 3 4 4 2 Done licens Wastev Cla	n dat	e below e per fo Works	v orm)	rator 3			operat	or lic	ense	e?
11.	Applicant's Signature								Date				

Verifie	er - This section is to be completed by the <u>applicant's supervisor or or or employer's company listed in Section A4</u> . For applicants experience must be verified by an independent third-party we experience. Complete questions #12 - #20. Return for inclusion in his/her appreciated.	who are self employed (Sole Proprietor), work who has first-hand knowledge of the applicant's
12.	Was the applicant's experience gained at a Waterworks Facility?	
	No .	
	Yes If yes, provide the following information:	
	A. Facility VDH Permit Number:	Facility Class
10	B. If facility has been reclassified, provide the date	
13.	Was the applicant's experience gained at a <i>Wastewater Works Fact</i> No	iity?
	Yes If yes, provide the following information:	
	A. Facility DEQ Permit Number	Facility Class
	B. If facility has been reclassified, provide the date	
14.	Was the applicant employed during the time period indicated in Secti	on A.7?
	No If no, clarify the dates:	
15.	Yes Was the applicant's experience during his/her employment period so wastewater collection systems and water distributions systems, nonoperating duties? Yes If yes, these duties shall not be counted as experience.	laboratory work, plant maintenance, and other
	No If no, specify the applicant's duties below.	
16.	Was the applicant's experience during his/her employment period lir maintenance? No No No No No No No No No	
	Yes If yes, the applicant's experience shall be only conswaterworks operator license.	sidered when applying for a Class 5 or Class 6
17.	Was the applicant's experience during his/her employment period Alternative Onsite Sewage Systems? No \[\sum \]	
	Yes If yes, the applicant's experience shall be only conside operator license.	red when applying for a Class 4 wastewater works
18.	Varifiar's Nama/Suparvisor's Nama & Titla	
19.	Certifying Supervisor's Virginia Operator License No. (if applicable):	
20.	Virginia License Number 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sionals Regulations and that, to the best of my
	Certifying Supervisor's Signature	Date
0	Verifier's Signature	Date