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 Contractors CERTIFIED WATER WELL SYSTEM PROVIDER APPLICATION Fee \$130.00

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.

Select the one method you are requesting for licensure:

License Type	Exa	mination	Grandfathering			
Master	ster			1022		
Journeyman		1006		1027		
Trainee		1007		1032		

		Traine	ee	1007		1032	1				
1.	Name			-							
••	Last		First			N	Middle			Gener	ation
2.	Provide one of the followin	g identification r	numbers.								
	Social Security Numbe * State law requires every appli by the Commonwealth to prov	icant for a license, cer		tion or other	r authori	ization to enga			n or occ	upation	n issued
3.	Date of Birth	(Must	be 18 years	of age.)							
	MM/DD/YY	MY									
4.	Mailing Address (PO Box a	ccepted)									
	If a mailing address is submitte address will be printed on th										
			City					State	Z	ір Сос	de
5.	Street Address (PO Box new PHYSICAL ADDRESS R	. ,	Check	here if Stre	et Addre	ess is the <u>same</u>	as the Mailing	Address listed ab	ove.		
			City					State	Z	ip Coc	de
6.	E-mail Address										
7.	Contact Numbers										
		Primary Teleph	one		Altern	ative Telepho	one		Fax		
8.	Employer's Virginia Contra	ctor's License N	√o. (if availa	able)			2 7				
	Employer's Name										
	Employer's Street Address										
	, ,										
			City					State	Zi	ip Cod	de
OFFICE	DATE FEE	TRANS CODE	ENTITY	#		F	FILE #/LICENSE #			ISSUE DA	ATE
USE ONLY					271	19					

9.	Do you hold a	a <u>current</u> or <u>expired</u> Water W	ell System Pro	vider cer	tification	issued the V	/irginia Board fo	r Contractors?
	No 🗌							
	Yes	If yes, select certification(s) held and prov	ide your	certificat	tion number.		
		☐ Trainee	2 7 1	9				
		☐ Journeyman	2 7 1	9				
		☐ Master	2 7 1	9				
10.	Do vou hold	a <u>current</u> Water Well Sys	tem Provider I	icense. (certificat	ion or regist	 :ration issued b	ov anv (excluding
	•	l, state or national regulatory				•		
	No 🗌							
	Yes	If yes, complete the follow					tion of Licensur	e/Letter of Good
		Standing if you want this to	be used to qu	alify you	for the e	exam.		
		State/Jurisdiction	Examination Yes (Y) or No (N)	Examina (if app	ition Date		Certification or tration No.	Expiration Date
			,,,,,					
•	Certifications of Li	icensure/Letter of Good Standing prepa	red by the state hoa	rd or regulat	tory hody n	nust include: 1) th	e license/certification/	(registration number: 2)
	the initial date of I	icensure; 3) the expiration date of the	license or renewal fe					
1.4		s resulting in violations or undetermined		:	المنتسا			
11.	•	peen actively and continuo ? This information may quali						• •
	the Code of \	• •	ly you lot all e.	xemplion	ווו וווטווו נוו	e examinado	in as provided ii	1 934.1-1130.6 01
	No	· g						
	Yes	If yes, Indicate the number	of years of ex	perience	in wate	r well constru	uction activities	on or before July
		1, 2007 and attach verificat	ion of your exp	erience s	selected	:		
		One year of experience	in water well con	nstruction	activities	s for trainee ce	ertification. [◆] (103	32)
		Three years of experier				-	_	' '
		Six years of experience					•	,
		◆ You must have been em, engagement in water wei in Virginia, you must subi	ll construction activ	ities. <u>If yo</u>	u were er	nployed by an d	out-of-state contract	tor that is not licensed
		Required Attachme (Skip to question #	nt: Attach a con			-		
12.	Are you annly	ying for the Trainee Water W	•	ovider ex	(aminati	on?		
	No	ying for the framee water w	on Oyotomo i i	Ovidor o	· carrini cati	OII.		
	Yes	If you provide verification	of at locations	voor of n	rootical	ovnorionoo ir	a tha trada unda	or the europyician
		If yes, provide verification of a certified master water		•		•		er the supervision
		Required Attachment: At						
13.	Are you apply	ying for the Journeyman Wa	•		•			
	No 🗆	,g	,					
	Yes	If yes, provide verification	n of at least t	three ve	are of r	oractical evo	erience in the	trade under the
		supervision of a certified m		-	-	-		
		in the trade for journeyma		0,00011	.5 piovi	<u></u>	Jano or rolling v	Traderial daming
		Required attachments:	Attach a comple	eted <u>Trad</u>	lesman li	ndividual Expe	<u>erience Form</u> and	d certification(s) of
		completion or official transc				,		

14.	Are yo	u applying for the Master Water Well Systems Provider examination?
	No	
	Yes	If yes, provide verification of at least six years of practical experience in the trade under the supervision of a certified master water well systems provider <u>and</u> 48 hours of formal vocational training in the trade for master certification. *Required attachments: Attach a completed <u>Tradesman Individual Experience Form</u> and certification(s) of
		completion or official transcript(s).
15.	body?	you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory
	No	
	Yes	with lawful authority to issue such order, decree or case decision.
16.	A.	Have you ever been convicted in any jurisdiction of a <i>felony</i> ? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system. No
		Yes If yes, provide the information requested in #16.C.
	B.	Have you ever been convicted in any jurisdiction of a <i>misdemeanor</i> ? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system. No
		Yes If yes, provide the information requested in #16.C.
	C.	If you answered "yes" to either question #16.A. or #16.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.
		Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must obtain a complete criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Note: If you have submitted the required documentation to the Virginia Board for Contractors with a previous licensure application, which resulted in the issuance of a Tradesman or Contractors License, and you do not have any additional felony or misdemeanor convictions, you <u>do not</u> have to submit the information listed above in question #16.C.

Instead, you must submit a document included with this application that includes 1) Tradesman or Contractors License Number(s) which were issued following the Board's review of the same criminal conviction documents; 2) a statement that you have not been convicted of any additional felonies and misdemeanors, 3) the date, and 4) your signature.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18-VAC-50-30-30.7 of the *Board for Contractors Individual License and Certification Regulations* states, "Each non-resident applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where service is required, the director of the department will mail the court document to the individual at the address of record."

17. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor (in any jurisdiction) prior to the receipt of the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia, and the Board for Contractors Individual License and Certification Regulations*.

Signature	Date	
Print Name		