



FINAL - APPROVED 2017

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 WAIVER OF EXAMINATION - MASTER CONVENTIONAL ONSITE SEWAGE SYSTEM
 OPERATOR LICENSE APPLICATION
 Fee \$100.00**

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required)	_____ First (required)	_____ Middle	_____ Generation
--------------------------	---------------------------	-----------------	---------------------

2. Provide at least one of the following identification numbers*:

Social Security Number and/or

--	--	--	--

 -

--	--

 -

--	--	--	--	--	--

Virginia DMV Control Number

--	--	--	--	--	--	--	--

- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- * 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. Date of Birth _____ (Applicants must be 18 years of age or older.)
MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

_____ City	_____ State	_____ Zip Code
---------------	----------------	-------------------

6. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED

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

_____ City	_____ State	_____ Zip Code
---------------	----------------	-------------------

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

PROPOSED - PENDING APPROVAL

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1025		1942	

9. Have you been actively engaged in performing the duties of a conventional onsite sewage system operator for at least four (4) years?
- No If no, **YOU CAN NOT PROCEED WITH THIS APPLICATION.** Complete the Onsite Sewage System Operator License Application available at www.dpor.virginia.gov.
- Yes If yes, attach a completed Experience Verification Form for Exam Waiver (included in this application package). The Experience Verification Form for Exam Waiver must provide documentation certifying that the applicant has been actively engaged in performing the duties of a Conventional Onsite Sewage System Operator for at least four (4) years. Verification must be provided by one (1) or more of the following individuals:
- 1) a Virginia Department of Health authorized onsite soil evaluator (AOSE) for work performed prior to July 1, 2009;
 - 2) a licensed conventional or alternative onsite soil evaluator;
 - 3) a licensed conventional or alternative onsite sewage system operator; or
 - 4) a Virginia licensed professional engineer.
10. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the Disciplinary Action Reporting Form.
11. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? Any plea of nolo contendere shall be considered a conviction.
- No
- Yes If yes, complete the Criminal Conviction Reporting Form.
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? Any plea of nolo contendere shall be considered a conviction.
- No
- Yes If yes, complete the Criminal Conviction Reporting Form.
12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the 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 receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 23 of the Code of Virginia and the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations; Onsite Sewage System Professionals Licensing Regulations.

Signature _____ Date _____

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 CONVENTIONAL ONSITE SEWAGE SYSTEM OPERATOR - EXPERIENCE VERIFICATION FORM FOR
 WAIVER OF EXAMINATION**

(Use one verification form per experience)

Section A: To be completed by the applicant only.

Applicant - Complete items #1 through #9, then forward this form to the verifier to complete Section B. After verifier has completed Section B, the original and one copy of each completed verification form must be included in this application package.

1. Name _____
Last First Middle Generation

2. Provide one of the following identification numbers.
 Social Security Number or 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. Employer (company where experience was obtained) _____

5. Employer's Mailing Address _____

City State Zip Code

6. Employee Status Full-Time Part-time Total Hours: _____ Total Days: _____

7. Time period in which experience was obtained: From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

8. Job Duties - Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work. (If additional space is needed, you may continue on the last page)

Job Title	From MM/YY	To MM/YY	Hours of Work per Week	
			Full-Time (more than 35 hrs/wk) <input type="checkbox"/>	If part-time, average hours per week:
			Part-Time (less than 35 hours/week) <input type="checkbox"/>	

Description of Experience:

9. I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.

Applicant's Signature _____ Date _____

Section B: To be completed by the Verifier.

Verifier - This section is to be completed by an individual qualified to attest to the applicant's experience either observed or direct supervisor. Complete items #10 through #20. Your prompt response is appreciated.

10. Verifier's Name _____
Last First Middle Generation

11. Section B is to be completed by one of the following individuals listed below. Select from the options below and list your license/certification number and expiration date (if applicable):

Licensed Conventional/Alternative Onsite Sewage System Evaluator

Virginia Evaluator License Number

1	9								
---	---	--	--	--	--	--	--	--	--

 Exp. Date _____

Licensed Conventional/Alternative Onsite Sewage System Operator

Virginia Operator License Number

1	9								
---	---	--	--	--	--	--	--	--	--

 Exp. Date _____

A Virginia Department of Health authorized onsite soil evaluator (AOSE) for work performed prior to July 1, 2009

VDH (AOSE) Certification Number: _____

Virginia licensed Professional Engineer.

Virginia PE License Number

0	4	0	2						
---	---	---	---	--	--	--	--	--	--

 Exp. Date _____

12. Verifier's Type of Business _____

13. Verifier's Current Position _____

14. Verifier's Mailing Address _____

City State Zip Code

15. Verifier's Contact Number _____
Primary Telephone

16. What is your relationship with the applicant? _____

17. Provide the dates that the experience was obtained:
 Start Date: _____ End Date: _____

18. To the best of your knowledge, did the applicant correctly describe his/her experience in Section A, question #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:

19. Additional Comments:

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

Verifier's Signature _____ Date _____

Section A, Question #8: Job Description (continues):