

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

**Examination Suspension effective from July 1, 2012 to June 30, 2016**

A completed application must be received no later than June 30, 2016.

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.

**APPLICATION FEES ARE NOT REFUNDABLE.**

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.  

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3. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)  
MM/DD/YYYY
4. Mailing Address (PO Box accepted) \_\_\_\_\_  
If a mailing address is submitted, the mailing address will be printed on the license.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. E-mail Address \_\_\_\_\_
7. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Facsimile
8. Do you currently hold a valid interim onsite sewage system installer license?  
No   
Yes  If yes, list your license number and expiration date and provide documentation of compliance with the continuing professional education requirements established in [18VAC160-20-109](http://18VAC160-20-109).  
Virginia License Number 

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 Expiration Date \_\_\_\_\_

| Office Use Only | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------|------|-----|------------|----------|------------------|------------|
|                 |      |     | 1020       |          | 1944             |            |

9. Have you been actively engaged in performing the duties of a conventional onsite sewage system installer for at least 8 years within the 12 year period immediately preceding the date of this application?
- No  If no, **YOU CAN NOT PROCEED WITH THIS APPLICATION**. Complete the [Onsite Sewage System Installer- Exam and License Application](http://www.dpor.virginia.gov/dporweb/forms/www/1944EXLIC.pdf) (and available at <http://www.dpor.virginia.gov/dporweb/forms/www/1944EXLIC.pdf>).
- Yes  If yes, attach a *completed **Experience Verification Form for Suspension of Examination*** (included in this application package). *The **Experience Verification Form for Suspension of Examination** must provide documentation certifying that the applicant has been actively engaged in performing the duties of a Conventional Onsite Sewage System Installer for at least 8 years within the 12-year period immediately preceding the date of this application. 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 interim onsite soil evaluator;
  - 3) a licensed conventional or alternative onsite soil evaluator;
  - 4) a licensed conventional or alternative onsite sewage system installer; or
  - 5) a Virginia licensed professional engineer.
10. Select **one** of the following requirements you are using to qualify for Conventional Onsite Sewage System Installer licensure:
- Have two years of full-time experience installing alternative or conventional onsite sewage systems during the last four years under the direct supervision of a properly licensed contractor holding a sewage disposal system (SDS) specialty issued by the Virginia Board for Contractors.  
*Required Documentation: Attach a completed **Experience Verification Form - Onsite Sewage System Applicants only**.*
- Have two years of full-time experience installing alternative or conventional onsite sewage systems during the last four years as a properly licensed contractor holding a sewage disposal system (SDS) specialty issued by the Virginia Board for Contractors.  
*Required Documentation: Attach a completed **Experience Verification Form - Onsite Sewage System Applicants only**.*
- Have documentation certifying that the applicant is competent to install conventional onsite sewage systems. **Certification must be provided by any combination of three (3) 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 interim onsite soil evaluator; 3) a licensed conventional or alternative onsite soil evaluator; 4) a licensed conventional or alternative onsite sewage system installer, or 5) a Virginia licensed professional engineer.  
*Required Documentation: Attach **three** documents attesting to the applicant's competency.*
11. Are you requesting education and training substitution to qualify for licensure in accordance with [18VAC160-20-97.D](#) of the regulations?
- No
- Yes  If yes, complete an **Education & Training Substitution Form** and submit with this application.
12. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
13. A. Have you ever been convicted in any jurisdiction of a **felony**? 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 # 13.C.

B. Have you ever been convicted in any jurisdiction of a *misdemeanor*? 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 # 13.C.

C. If you answered "yes" to either question #13.A. or #13.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. The address is available from your local police department.*

14. 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*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Examination Suspension effective from July 1, 2012 to June 30, 2016**

(Use one verification form per experience)

**Section A: To be completed by the applicant only.**

*Applicant - Complete items #1 through #8, then forward this form to the verifier to complete Section B.*

1. Name \_\_\_\_\_  
Last First Middle Generation
2. Provide **one** of the following identification numbers.  
 Social Security Number or  Virginia DMV Control Number\*  -  -   
Note - you must use the same number when applying for the exam and applying for licensure.  
\* 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  (minimum of 35 hours per week)  
Part-time  Total Hours \_\_\_\_\_ Total Days \_\_\_\_\_
7. Time period in which experience was obtained: From: \_\_\_\_\_ To: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)
8. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: To be completed by the Verifier.**

*Verifier -*

*Complete items #9 through #15. Enclose the completed form (Section A & B) and add one copy in a sealed envelope with your signature across the sealed flap. Return the completed form to the applicant (for inclusion in his/her application package). Your prompt response is appreciated.*

9. Verifier Name \_\_\_\_\_  
Last First Middle Generation

10. 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:

- 1) a Virginia Department of Health authorized onsite soil evaluator (AOSE) for work performed prior to July 1, 2009;
- 2) a licensed interim onsite soil evaluator;
- 3) a licensed conventional or alternative onsite soil evaluator;
- 4) a licensed conventional or alternative onsite sewage system installer, or
- 5) a Virginia licensed professional engineer.

VA License Number (if applicable)  Expiration Date \_\_\_\_\_

11. Was the applicant employed during the time period indicated in Section A.7?  
 Yes  No If no, clarify the dates: \_\_\_\_\_

12. Has the applicant been actively engaged in performing the duties of a conventional onsite sewage system installer for at least 8 years within the 12 year period immediately preceding the date of this application?  
No   
Yes

13. In your judgment, has the applicant's work been of a satisfactory quality? Please write a brief statement about the applicant in regard to this question.  
No   
Yes

14. Additional Comments:

15. I certify, to the best of my knowledge, all information provided on this form is true and accurate.  
Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals  
 CONVENTIONAL ONSITE SEWAGE SYSTEM INSTALLER - EXPERIENCE VERIFICATION FORM  
 Onsite Sewage System Applicant Only**  
 (Use one verification form per experience)

**Section A:** To be completed by the applicant only. *Complete items #1 through #8, then forward this form to the company named in #4.*

1. Name \_\_\_\_\_  
   Last  First  Middle  Generation
  
2. Provide **one** of the following identification numbers.  
 Social Security Number    or     Virginia DMV Control Number\*       -   -      
 Note - you must use the same number when applying for the exam and applying for licensure.  
 \* 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        (minimum of 35 hours per week)  
   Part-time        Total Hours \_\_\_\_\_ Total Days \_\_\_\_\_
  
7. Time period in which experience was obtained:    From: \_\_\_\_\_ To: \_\_\_\_\_  
   (MM/DD/YY)    (MM/DD/YY)
  
8. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B:** To be completed by the Verifier.

*Verifier - This section is to be completed by the applicant's supervisor or employer listed in Section A.4., or a Virginia licensed professional engineer, VDH authorized onsite soil evaluator (for work performed prior to July 1, 2009), licenced interim onsite soil evaluator, licensed conventional or alternative onsite soil evaluator, or licensed conventional or alternative onsite sewage system installer.  
 Complete items #9 through #21. Enclose the completed form (Section A & B) and add one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in his/her application package). Your prompt response is appreciated.*

9. Verifier Name \_\_\_\_\_  
   Last  First  Middle  Generation
  
10. Relationship to applicant     Supervisor     Employer     Other    \_\_\_\_\_
  
11. Type of Business \_\_\_\_\_
  
12. Current Position \_\_\_\_\_

13. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

14. Position held in (or in relationship to) the company listed in Section A.4. \_\_\_\_\_

15. Do you hold a current or expired license, or certification in Virginia as a professional engineer, authorized onsite soil evaluator (certified by VDH prior to July 1, 2009), or any Department of Professional and Occupational Regulation onsite sewage system professional license?

No

Yes  If yes, complete the following table and list your license, certifications or registration.

| License/Certification Type | License, or Certification Number | Expiration Date |
|----------------------------|----------------------------------|-----------------|
|                            |                                  |                 |
|                            |                                  |                 |
|                            |                                  |                 |

16. Does the company listed in Section A.4 hold a valid or expired contractor's license with a SDS specialty issued by the Virginia Board for Contractors?

No

Yes  If yes, provide your license number and expiration date below

VA License Number  Expiration Date \_\_\_\_\_

17. Was the applicant employed during the time period indicated in Section A.7?  
 Yes  No If no, clarify the dates: \_\_\_\_\_

18. Was the applicant employed full-time (35 hours or more per week)?  
No  If no, how many hours did the applicant work each week? \_\_\_\_\_  
Yes

19. In your judgment, is the applicant competent to install conventional onsite sewage systems? Please write a brief statement about the applicant in regard to this question.

No

Yes

20. Additional Comments:

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

Certifying Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_