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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## **FINAL - APPROVED 2017**

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals **ONSITE SOIL EVALUATOR - LICENSE APPLICATION** Fee \$100.00

Initial

Trans

Upgrade

**Trans** 

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

Select the <u>one</u> license type requesting:

License Type

| Journeyma   | <b>n</b> Conventional Or | nsite Soil  | Evalua  | itor        |        | ╛       | 1005            |           |             |                 |                        |
|---|--------------------------|-------------|---------|-------------|--------|---------|-----------------|-----------|-------------|-----------------|------------------------|
| Master Con  | ventional Onsite S       | oil Evalua  | ator*   |             |        |         | ####            |           | ##          | ##              |                        |
| Journeyma   | n Alternative Onsi       | te Soil Ev  | aluator | ſ           |        |         | 1006            |           | 90          | 15              |                        |
| Master Alte   | native Onsite Soil       | Evaluato    | r*      |             |        |         | ####            |           | ##          | ##              |                        |
| * Master applicant                                    | s will be authorize      | d to take   | the app | olicable    | exan   | inatio  | on upon         | approva   | al of this  | application     | ١.                     |
| Do you hold a <u>current</u> or g                     | expired onsite s         | soil evalu  | uator   | license'    | ? (T   | nis in  | ıcludes         | interim   | license     | ees.)           |                        |
| Yes If yes, provi                                     | de your license n        | iumber a    | nd ex   | piration    | date   | belo    | )W              |           |             |                 |                        |
| VA Licens   | e Number 1               | 9           |         |             |        |         |                 | Expir     | ation D     | ate             |                        |
| Full Legal Name (As it a                              | ppears on your go        | overnmen    | t issue | d ID or (   | other  | legal   | docume          | entation. | )           |                 |                        |
| Last (required)                                       | Firs                     | t (required | )       |             |        |         | Middle          |           |             |                 | Generation             |
| Provide at least one of the                           | ne following iden        | tification  | numb    | ers*:       |        |         |                 |           |             |                 |                        |
| Social Security Nu                                    | J                        |             |         |             |        | ] -     |                 | ] - [     |             |                 |                        |
| <u>Virginia</u> DMV Control                           | ol Number                |             |         |             |        |         |                 |           |             |                 |                        |
| Enter the same identification                         |                          |             |         |             |        |         |                 |           | •           |                 |                        |
| * State law requires every a by the Commonwealth to p |                          |             |         |             |        |         |                 |           |             |                 | ı or occupation issued |
| Date of Birth   | M/DD/YYYY                | (Must be    | at leas | t 18 yea    | rs of  | age.)   |                 |           |             |                 |                        |
| Maiden or Former Name                                 | (s)                      |             |         |             |        |         |                 |           |             |                 |                        |
| Mailing Address (PO Bo                                | x accepted)              |             |         |             |        |         |                 |           |             |                 |                        |
| The mailing address v                                 |                          |             |         |             |        |         |                 |           |             |                 |                        |
| printed on the licen:                                 | Se.                      | City        |         |             |        |         |                 |           |             | State           | Zip Code               |
| Street Address (PO Box PHYSICAL ADDRESS               | •                        |             | Check h | ere if Stre | et Add | ress is | the <u>same</u> | as the Ma | ailing Addı | ress listed abo | ove.                   |
|   |                          |             |         |             |        |         |                 |           |             |                 |                        |
|   |                          | City        |         |             |        |         |                 |           |             | State           | Zip Code               |
| Contact Numbers                                       |                          |             |         |             |        |         |                 |           |             |                 |                        |

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| OFFI               | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|--------------------|------|-----|------------|----------|------------------|------------|
| OFFI<br>USI<br>ONL | (    |     |            |          | 1940             |            |

Primary Telephone

Alternate Telephone

| 8.  | Email Address  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|
|     | Email address is considered a public record and will be disclosed upon request from a third party.   |  |  |  |  |  |  |  |  |
| 9.  | Do you hold a <u>current</u> or <u>expired</u> onsite soil evaluator license, certification or registration issued by any state or jurisdiction within the United States or its territories (excluding Virginia)?  No  Yes  If yes, complete the following table.  |  |  |  |  |  |  |  |  |
|     | State/Jurisdiction License, Certification or Registration Number Expiration Date   |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
| 10. | Are you applying for a journeyman conventional onsite sewage system evaluator license?  No   |  |  |  |  |  |  |  |  |
|     | Required Documentation: Attach a completed <u>Experience Verification Form.</u>  |  |  |  |  |  |  |  |  |
|     | <ul> <li>3. Have (i) 1 year of full-time experience* assisting in the evaluation of site and soil conditions and design of conventional onsite sewage systems, and (ii) completed a VDH onsite system training program.</li> <li>Required Documentation: Attach a completed Experience Verification Form and a certificate showing successful completion of the VDH onsite system training program.</li> </ul> |  |  |  |  |  |  |  |  |
|     | erience Verification Form must be verified by one or more of the following: an authorized onsite soil evaluator certified by VDH e July 1, 2009, a professional engineer, or a master onsite soil evaluator.   |  |  |  |  |  |  |  |  |

Skip to question 14.

| 11. Are you applying for a <b>m</b> a         | <u>aster</u> conventional onsite sewage system evaluator license?   |
|---|---|
|   | ect <b>one</b> of the following requirements to qualify for <u>examination</u> :  |
| 1. Hav<br>conv<br>biolo<br>envi<br><i>Rec</i> | we 1-1/2 years of full-time experience* evaluating site and soil conditions and designing ventional onsite sewage systems, <u>and</u> hold a masters or bachelor's degree in soil science, orgy, chemistry, engineering environmental science, geology, agronomy, earth science, or ronmental health.  **guired Documentation: Attach a completed **Experience Verification Form** and an official college inscript.  |
| con<br>envi<br><i>Rec</i>                     | we 3 years of full-time experience* evaluating site and soil conditions and designing ventional onsite sewage systems, <u>and</u> hold an associates degree in wastewater works, ronmental science, or engineering technology.  **Gaussian Completed Leading Section 1: The condition of th |
| conv<br>Rec                                   | we 2 years of full-time experience* evaluating site and soil conditions and designing wentional onsite sewage systems, <u>and</u> complete a VDH Sewage System Program.  **Quired Documentation: Attach a completed **Experience Verification Form* and a certificate showing program.  |
| con\<br>onsi                                  | we 3 years of full-time experience* evaluating site and soil conditions and designing ventional onsite sewage systems, <u>and</u> hold or held a valid interim or journeyman conventional te soil evaluator license.  |
|   | quired Documentation: Attach a completed <u>Experience Verification Form</u> .  |
| before July 1, 2009, a professiona            | must be verified by one or more of the following - an authorized onsite soil evaluator certified by VDH al engineer, or a master onsite soil evaluator.   |
| Skip to question 14.                          |   |
|   | urneyman alternative onsite sewage system evaluator license?  |
| No 🗌  |   |
| ☐ 1. Hav<br>desi<br>licer<br>Pro              | ect <u>one</u> of the following requirements to qualify for <u>licensure</u> :  e 1 year of full-time experience* assisting in the evaluation of site and soil conditions and gning alternative onsite sewage systems, <u>and</u> hold a valid Virginia Professional Soil Scientist ase.  evide your license number:  3 4   |
| desi<br>onsi                                  | The 1 year of full-time experience* assisting in the evaluation of site and soil conditions and general of alternative onsite sewage systems, and hold a current or expired interim alternative the soil evaluator license or a conventional onsite soil evaluator license.  **Graphical Option of Strategies**: The second of the soil of      |
| desi<br>eval                                  | re 1 year of full-time experience* assisting in the evaluation of site and soil conditions and gn of alternative onsite sewage systems, and certified by VDH as an authorized onsite soil uator before July 1, 2009.  Devide your VDH Certification number:   |
| Red   | quired Documentation: Attach a completed Experience Verification Form.  |
| desi  | e 2 years of full-time experience* assisting in the evaluation of site and soil conditions and gn of alternative onsite sewage systems.  **Gaussian Completed Learning Systems** Representation Form.**  **Gaussian Systems** Representation Form.**  |

| befo | re July 1, 2009              | 9, a profes | ssional engineer, or a master alternative onsite soil evaluator.   | •   |
|------|------------------------------|-------------|--|---|
|      | Skip to questi               | ion 14.     |  |   |
| 13.  | , , , ,                      | olying for  | a <u>master</u> alternative onsite sewage system evaluator license   | ?   |
|      | No [                         |             | solect and of the following requirements to qualify for examin   | ation   |
|      | 162                          | ,           | select <u>one</u> of the following requirements to qualify for <u>examin</u>   |   |
|      |                              |             | Have 1-1/2 years of full-time experience* evaluating site alternative onsite sewage systems, <u>and</u> hold a masters of biology, chemistry, engineering environmental science, generized pocumental health.  Required Documentation: Attach a completed <u>Experience Vertranscript</u> .  | r bachelor's degree in soil science, ology, agronomy, earth science, or |
|      |                              |             | Have 3 years of full-time experience* evaluating site and soil onsite sewage systems, <u>and</u> hold an associates degree i science or engineering technology.  Required Documentation: Attach a completed <u>Experience Vertranscript</u> .  | n wastewater works, environmental                                       |
|      |                              | ☐ 3.        | Have 2 years of full-time experience* evaluating site and soil onsite sewage systems, <u>and</u> hold a current or expired conven  | 0 0   |
|      |                              |             | Required Documentation: Attach a completed Experience Verific  | ication Form.   |
|      |                              | <u> </u>    | Have 3 years of full-time experience* evaluating site and soil onsite sewage systems   | • •   |
|      |                              |             | Required Documentation: Attach a completed Experience Verification    Line State    Li |   |
|      |                              | <u></u> 5.  | Have 2 years of full-time experience* evaluating site and soil onsite sewage systems, <u>and</u> certified by VDH as a authorized 2009.  Provide your VDH Certification number:  | <u> </u>  |
|      |                              |             | Required Documentation: Attach a completed Experience Verific  | <u>ication Form</u> .   |
|      |                              |             | form must be verified by one or more of the following - an authorized sional engineer, or a master onsite soil evaluator.  | ed onsite soil evaluator certified by VDH                               |
| 14.  | Are you req<br>of the regula |             | education and training substitution to qualify for licensure   | in accordance with 18VAC160-40-70                                       |
|      | Yes                          | If yes,     | complete an Education & Training Substitution Form.  |   |
| 15.  | Have you e body?             | ver been    | subject to a <b>disciplinary action</b> taken by <u>any</u> (including Virgi   | nia) local, state or national regulatory                                |
|      | Yes                          | If yes,     | complete the <u>Disciplinary Action Reporting Form</u> .   |   |
| 16.  |                              |             | been convicted or found guilty, regardless of the manner of a of any felony? Any plea of nolo contendere shall be considered   |   |
|      | Yes                          | 5 <u> </u>  | If yes, complete the <u>Criminal Conviction Reporting Form.</u>  |   |
|      | United<br>nolo c             | States      | n convicted or found guilty, regardless of the manner of acount of any misdemeanor within the last three years from the day are shall be considered a conviction.  |   |
|      | No<br>Yes                    | □<br>3 □ I  | If yes, complete the Criminal Conviction Reporting Form.   | FINAL - APPROVED 2017   |

\* Experience Verification Form must be verified by one or more of the following - an authorized onsite soil evaluator certified by VDH

- 17. By signing this application, I certify the following statements:
  - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
  - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 40, of the *Code of Virginia* and the *Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals; Onsite Sewage System Professionals Licensing Regulations.*

| Signature | Da | ate |
|-----------|----|-----|
|           | ·  |     |