

6. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license. _____
 City State Zip Code

7. 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

8. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax

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

10. How many months or years of total experience do you have as a **Provisional Waterworks or Wastewater Works Operator**? Enter number of months or years below.

 Required Attachments: Attach a completed [Experience Verification Form](#).

11. 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](#).

12. 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 been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within the **last three years** from the date of this application? Any plea of nolo contendere shall be considered a conviction.
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).

13. 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 30, of the Code of Virginia and the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals; Waterworks and Wastewater Works Operators Licensing Regulations.

Signature _____ Date _____