



**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 APPRENTICESHIP PROGRAM WITH VIRGINIA DEPARTMENT OF CORRECTIONS
 WASTEWATER WORKS OPERATOR CLASS 4 APPLICATION
 Fee \$100.00**

**VIRGINIA DEPARTMENT OF CORRECTIONS APPRENTICESHIP PROGRAM -
 WASTEWATER WORKS OPERATOR CLASS 4 APPLICANTS ONLY**

**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. Are you applying for a Virginia Wastewater Works Operator Class 4 license while completing the **Apprenticeship** program offered by the Virginia Department of Corrections?

- No If no, you can not apply for licensure under this application.
 Yes

2. Name _____
 Last First Middle Generation

3. 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.

4. Date of Birth _____ (Must be at least 18 years of age.)
 MM/DD/YYYY

5. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
 City State Zip Code

6. 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

7. Contact Numbers _____
 Primary Telephone Alternate Telephone

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1009		1965	

9. Do you hold a current wastewater works operator license, certification or registration issued by any local, state or jurisdiction within the United States or territories (excluding Virginia)?

No

Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing* dated within the last 60 days from each state. Complete the **Out-of-State Facility Description & Experience Verification Form** (located on our website) and return with this application.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

* Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

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. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

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. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

12. 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 23, of the *Code of Virginia* and the *Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations*.
- **In order for the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals to consider this application, pursuant to *Code of Virginia 54.1-204*, an informal fact-finding conference (IFF) is required.**

By signing this application, you are agreeing to participate in an IFF presided over by a DPOR hearing officer.

Signature _____ Date _____