

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
EDUCATION & TRAINING SUBSTITUTION FORM**

1. Are you requesting education and training substitution to qualify for licensure in accordance with the Board for Waterworks and Wastewater Works Operator and Onsite Sewage System Professionals regulations?
No If no, DO NOT PROCEED WITH THIS FORM.
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. Mailing Address (PO Box accepted) _____
City State Zip Code

5. Email Address _____

6. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

7. Check **one** type of licensure you are applying for:
- | | |
|--|---|
| <input type="checkbox"/> Waterworks Operator Class 1 | <input type="checkbox"/> Wastewater Works Operator Class 1 |
| <input type="checkbox"/> Waterworks Operator Class 2 | <input type="checkbox"/> Wastewater Works Operator Class 2 |
| <input type="checkbox"/> Waterworks Operator Class 3 | <input type="checkbox"/> Wastewater Works Operator Class 3 |
| <input type="checkbox"/> Journeyman Conventional Onsite Sewage System Installer | <input type="checkbox"/> Journeyman Alternative Onsite Sewage System Installer |
| <input type="checkbox"/> Master Conventional Onsite Sewage System Installer | <input type="checkbox"/> Master Alternative Onsite Sewage System Installer |
| <input type="checkbox"/> Journeyman Conventional Onsite Sewage System Operator | <input type="checkbox"/> Journeyman Alternative Onsite Sewage System Operator |
| <input type="checkbox"/> Master Conventional Onsite Sewage System Operator | <input type="checkbox"/> Master Alternative Onsite Sewage System Operator |
| <input type="checkbox"/> Journeyman Conventional Onsite Soil Evaluator | <input type="checkbox"/> Journeyman Alternative Onsite Soil Evaluator |
| <input type="checkbox"/> Master Conventional Onsite Soil Evaluator | <input type="checkbox"/> Master Alternative Onsite Soil Evaluator |

8. **EDUCATION SUBSTITUTION**
- A. List any postsecondary courses that you have successfully completed in wastewater, biology, chemistry, geology, hydraulics, hydrogeology or soil science in regards to licensure for Onsite Sewage System Installer, Onsite Sewage System Operator or Onsite Soil Evaluator. *
- B. List any postsecondary courses that you have successfully completed in a related physical, biological, environmental, or chemical science; engineering or engineering technology; waterworks or wastewater works operations; or public health in regard to licensure for Waterworks or Wastewater Works Operator. *
- C. Experience may be substituted at the rate of one month per semester hour or two thirds of a month per quarter hour.

* Any postsecondary courses listed must include a copy of the corresponding transcripts. Official transcripts are not required; however, copies of transcripts must be legible.

Institution	Class Start Date	Class End Date	Course Title	Course Number	Instructor	Credits Earned	Grade

9. TRAINING SUBSTITUTION

- A. Please list any board-approved training course which is relevant to the category or classification of the license being applied for. ♦
- B. One month of experience may be awarded for each training credit completed.
 - ♦ To receive experience substitution for training credits completed, you must attach copies of all training certificates even if submitted with any previous applications.

Training Provider	Training Course Title	Training Dates	Instructor	Provider's Address	Provider's Telephone No.

10. Signature _____ Date _____