

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 Suspension of Examination - Experience Verification Form/ Section C.
 - 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 Suspension of Examination - Experience Verification Form/ Section C.
 - 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** completed Suspension of Examination - Experience Verification Form/ Section D.*
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. Have you ever been convicted in any jurisdiction of a ***misdemeanor and/or 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, list the ***misdemeanor and/or felony***, 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.).
- * Original criminal history record may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.
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
SUSPENSION OF EXAMINATION - EXPERIENCE VERIFICATION FORM
CONVENTIONAL ONSITE SEWAGE SYSTEM INSTALLER**

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 the verification of experience(s).

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.

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
 Part-time Total Hours: _____ Total Days: _____

7. Time period in which experience was obtained: From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

8. I certify, all information provided on this form is true and accurate.

Applicant's Signature _____ Date _____

Section B is completed by an individual who can attest to the applicants experience actively engaged as a conventional onsite sewage system installer for at least 8 years of the last 12 years. If one person cannot verify all eight years of experience, please use multiple forms. All completed Section B forms must total 8 years experience in the last 12 years.

Section C is completed by an individual who can attest to the applicant's having at least two years of experience either under the direct supervision of a properly licensed Virginia Contractor (with the SDS specialty) or as a properly licensed Virginia Contractor (with the SDS specialty).

Section D requires three separate experience forms verified by any combination of the following: Virginia licensed professional engineer, VDH authorized onsite soil evaluator (for work performed prior to July 1, 2009); licensed onsite soil evaluator, or licensed onsite sewage system installer. These individuals must each verify that the applicant is competent to install conventional onsite sewage systems.

* In addition to Section B, all applicants must submit either Section C or Section D verifications.

Section B: Experience - Qualifications for Exam Suspension

Verifier - an individual who can attest to the applicant's experience actively engaged in performing the duties of a Conventional Onsite Sewage System Installer for a least 8 years within the last 12 year period.

Complete items #9 through #13. Return the completed form to the applicant (for inclusion in his/her application package).
Your prompt response is appreciated.

9. Verifier's Name _____
First _____ Middle Initial _____ Last _____ Generation _____

10. Select one of the following that best describes your relationship to the applicant.

Licensed (*interim or non-interim*) Conventional/Alternative Onsite Sewage System Evaluator
Virginia **Evaluator** License Number

1	9								
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 Exp. Date _____

Licensed Conventional/Alternative Onsite Sewage System Installer:
Virginia **Installer** License Number

1	9								
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 Exp. Date _____

A Virginia Department of Health (VDH) authorized onsite soil evaluator
(For work performed prior to July 1, 2009)
VDH (AOSE) Certification Number: _____ Exp. Date _____

Virginia licensed Professional Engineer.
Virginia **PE** License Number

0	4	0	2						
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 Exp. Date _____

Other: _____
(Give a brief description of your relationship to the Applicant)

11. Is the applicant able to satisfactorily demonstrate that he 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?

No

Yes

12. Additional Comments:

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

Verifier's Signature _____ Date _____

Section C: Experience - Virginia licensed Contractor with a SDS Specialty.

Verifier - *who can,*

- 1.) attest to the applicant's work during the time period in which the applicant was under the direct supervision of a properly licensed Virginia contractor (with SDS specialty) or
- 2.) attest to the applicant's work during the time period in which the applicant himself was a properly licensed Virginia Contractor (with a SDS specialty). **NOTE: The applicant must be listed as a member of responsible management on the Contractor's license to utilize this method.**

Complete questions 14 through 24. Return the completed form to the applicant (for inclusion in his/her application package). Your prompt response is appreciated.

14. Verifier's Name _____
First Middle Initial Last Generation

15. Verifier's Relationship to Applicant:
 Supervisor Employer Other: _____

16. Verifier's Contact Numbers _____
Primary Telephone Alternate Telephone

17. Company Name _____
(company where experience was obtained)

18. To the best of your knowledge, what was the applicant's employment status:
 Full-Time
 Part-time Total Hours: _____ Total Days: _____

19. List the dates below for the time period in which the applicant obtained these work experiences:
 From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

20. Does the company listed above (#17) hold a valid or expired contractor's license with an SDS specialty issued by the Virginia Board for Contractors?
 No
 Yes If yes, provide the license number and expiration date below:
 VA License Number

2	7								
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 Expiration Date _____

21. Do you hold a current or expired license, or certification in Virginia as a 1) a Virginia Department of Health authorized onsite soil evaluator 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?
 No
 Yes If yes, complete the following table:

License/Certification Type	License or Certification Number	Expiration Date

22. Does the applicant have the equivalent of at least two years of full time experience installing conventional or alternative onsite sewage systems? Please write a brief statement about the applicant in regard to this question.

No

Yes

23. Additional Comments:

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

Verifier's Signature _____ Date _____

Section D: Experience - Competency to install Conventional Onsite Sewage Systems

Verifier - This section is to be completed by a Virginia licensed professional engineer, VDH authorized onsite soil evaluator (for work performed prior to July 1, 2009), licensed interim onsite soil evaluator, licensed conventional or alternative onsite soil evaluator, or licensed conventional or alternative onsite sewage system installer. The applicant must submit **THREE (3)** Section D verification forms from any combination of the listed professionals.

Complete questions 25 through 30. Return the completed form to the applicant (for inclusion in his/her application package).
Your prompt response is appreciated.

25. Verifier's Name _____
First Middle Initial Last Generation

26. Verifier's Contact Numbers _____
Primary Telephone Alternate Telephone

27. Select one of the following that best describes your relationship to the applicant.

Licensed (*interim or non-interim*) Conventional/Alternative Onsite Sewage System Evaluator

Virginia **Evaluator** License Number

1	9								
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 Exp. Date _____

Licensed Conventional/Alternative Onsite Sewage System Installer:

Virginia **Installer** License Number

1	9								
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 Exp. Date _____

A Virginia Department of Health (VDH) authorized onsite soil evaluator

(For work performed prior to July 1, 2009)

VDH (AOSE) Certification Number: _____ Exp. Date _____

Virginia licensed Professional Engineer.

Virginia **PE** License Number

0	4	0	2						
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 Exp. Date _____

28. In your judgement, 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

29. Additional Comments:

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

Verifier's Signature _____ Date _____