

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals  
 SUSPENSION OF EXAMINATION - LICENSE APPLICATION  
 CONVENTIONAL ONSITE SEWAGE SYSTEM INSTALLER  
 Fee \$100.00**

**Examination Suspension effective from July 1, 2012 to June 30, 2016**

A completed application must be received no later than June 30, 2016.

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. 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. Date of Birth \_\_\_\_\_ (Must be 18 years of age or older.)  
MM/DD/YYYY

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

5. 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

6. E-mail Address \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

8. Do you currently hold a valid interim onsite sewage system installer license?  
 No   
 Yes  If yes, list your license number and expiration date and provide documentation of compliance with the continuing professional education requirements established in 18VAC160-20-109.

Virginia License Number           Expiration Date \_\_\_\_\_

9. Have you 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  If no, **YOU CAN NOT PROCEED WITH THIS APPLICATION.** Complete the *Onsite Sewage System Installer License Application* available at [www.dpor.virginia.gov](http://www.dpor.virginia.gov).  
 Yes  If yes, attach a *completed Suspension of Examination - Experience Verification Form/Section B*.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1025		1944	

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<sup>\*</sup> 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.).
- <sup>\*</sup> 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](http://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 

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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 

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 Exp. Date \_\_\_\_\_

Licensed Conventional/Alternative Onsite Sewage System Installer:

Virginia **Installer** License Number 

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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 

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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 \_\_\_\_\_