Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8595



www.dpor.virginia.gov

FINAL - APPROVED 2017

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
ONSITE SEWAGE SYSTEM INSTALLER LICENSE APPLICATION
Fee \$100.00

Initial

Trans

Upgrade

Trans

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the one license type requesting:

License Type

	Journeyman Conventional Onsite Sewage System In						taller			100)5						
	Master	age Syste	em Ins	taller*				###	#			###	##				
	Journey	Sewage S	System	Install	ler			100)6			901	5				
		e System						###]	###					
	* Master a	applicants will	be authorize	d to take	the ap	pplicab	ole ex	amin	ation (upon a	ppro	val of	this	applic	ation.		
>	Do you hold a cui	ırrent or exp	oired onsite	sewag	e sys	tem ir	nstal	ler li	cense	e? (T	his i	nclud	les Ir	nterim	n licen	isees.)	
	No □			ū	•					,							
		yes, list your	license num	nber and	d expi	ration	date										
	Virg	rginia Licens	e Number	1 9							Ехр	iratio	n Da	ate _			
1.	Full Legal Name	(As it appea	ırs on your go	overnme	nt issu	ed ID	or oth	ner le	gal do	cumer	ntatio	n.)					
	Last (required)		Firs	st (require	ed)					Middle						Ge	neration
2.	Provide at least o	of the fo	llowing iden	tification	num	bers*:	:										
	Social Secu	urity Number	and/or						-		- [
	☐ <i>Virginia</i> DM	/IV Control Nu	mber					T			_						
	> Enter the same i	identification num	nber as used on	examination	on, previ	ious app	olicatio	ns or I	icenses	on file v	with th	e depa	ırtment		ı		
		es every applican wealth to provide														r occupati	ion issued
3.	Date of Birth			(Applican	ıts mus	st be 18	8 yea	ırs of	age o	r older	.)						
4		MM/DD/YY	ſYY														
4.	Maiden or Former	r Name(s)															
5. Mailing Address (PO Box accepted)																	
		address will be															
	printed on the license.				City State									;	Zip Co	ode	
6.	Street Address (P		Check	here if S	Street /	Addres	ss is the	same a	is the I	Mailing) Addre	ess liste	ed above	е.			
	PHYSICAL A	ADDRESS REQ	≀UIRED														
													_		_		
				City										State)	Zip Co	ode
													FINA	4L -	APPI	ROVEI	2017
FFICE	DATE	FEE	TRANS CODE		ENTITY	#	\top			FILE	#/LICE	NSE#				ISSUE	DATE
USE ONLY							1	94	4								

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7.	Contact Nur	nbers	Drimany Talanhana	Alternate Telephor		Гоу				
8.	Email Addre	22	Primary Telephone	Alternate Telephor	ie	Fax				
0.	Email Addic	Email address is considered a public record and will be disclosed upon request from a third party.								
9.	•	vithin the	ent or expired onsite sewage sy United States or its territories (e complete the following table:		ertification or reg	istration in ar	ny state or			
			State/Jurisdiction	License, Certification or F	Registration Number	er Expiration	on Date			
10.	Are you app No Yes	, ,	a journeyman conventional on select one of the following requi	G J						
			Have (i) 6 months of full-time alternative onsite sewage syste properly licensed Virginia contra Provide VA Contractor's Licens	ms, and (ii) currently an octor with a sewage dispos	employee, owner	, director or				
			Required Documentation: Attach	n a completed <u>Experience V</u>	erification Form.					
			Have 1 year of full-time experie onsite sewage systems. <i>Required Documentation: Attach</i>	· ·		nventional or	alternative			
			nust be verified by one or more of mal engineer, or an authorized onsite				site sewage			
>	Skip to question	on 14.								
11.	, ,,	, ,	a <u>master</u> conventional onsite s	ewage system installer lic	ense?					
	No ☐ Yes ☐	If yes,	select <u>one</u> of the following requi Have 1 year of full-time experier 20 hours of approved training for systems <u>and</u> currently an emple contractor with a sewage dispose	nce* installing convention or basic installation of cor ployee, owner, director of	al or alternative on nventional and all or officer of a pr	ternative onsi	te sewage			
			Provide a VA Contractor's Licer	nse Number:	2 7					
			Required Documentation: Attac certificate showing successful com-		ce Verification F	orm and a t	ranscript or			
		<u> </u>	Have 2 years of full-time experie and currently an employee, ow with a sewage disposal system	vner, director or officer o			•			
			Provide VA Contractor's Licens		2 7					
			Required Documentation: Attach	n a completed Experience V	erification Form.					

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3. Have 2 years of full-time experience* installing conventional or alternative onsite sewage systems, 20 hours of approved training for basic installation of conventional and alternative onsite sewage systems <u>and</u> hold a valid interim installer or journeyman conventional onsite sewage system installer license.
Provide a Virginia Installer License Number: 1 9 1
 Required Documentation: Attach a completed Experience Verification Form and a transcript or certificate showing successful completion of training requirement. 4. Have 3 years of full-time experience* installing conventional or alternative onsite sewage systems, and hold a valid interim installer or journeyman conventional onsite sewage system installer license. Provide Virginia Installer License Number:
Required Documentation: Attach a completed Experience Verification Form.
* <u>Experience Verification Form</u> must be verified by one or more of the following individuals: onsite soil evaluator, a master onsite sewage system installer, a professional engineer, or an authorized onsite soil evaluator certified by VDH before July 1, 2009.
Skip to question 14.
12. Are you applying for a <u>journeyman</u> alternative onsite sewage system installer license? No Yes If yes, select <u>one</u> of the following requirements to qualify for <u>licensure</u> :
1. Have 1 year of full-time experience* assisting with the installation of alternative onsite sewage systems, <u>and</u> currently an employee, owner, director or officer of a properly licensed Virginia contractor with a sewage disposal system (SDS) specialty. Provide VA Contractor's License Number: 2 7
Required Documentation: Attach a completed Experience Verification Form.
 2. Have 2 years of full-time experience* assisting with the installation of alternative onsite sewage systems. Required Documentation: Attach a completed Experience Verification Form. * Experience Verification Form must be verified by one or more of the following individuals: an alternative onsite soil evaluator, a master alternative onsite sewage system installer, a professional engineer, or an authorized onsite soil evaluator certified by VDH before July 1,
2009. Skip to question 14.
13. Are you applying for a <u>master</u> alternative onsite sewage system installer license?
No
 2. Have 3 years of full-time experience* installing alternative onsite sewage systems, <u>and</u> 20 hours of approved training covering basic installation of alternative onsite sewage systems Required Documentation: Attach a completed <u>Experience Verification Form</u> and a transcript or certificate showing successful completion of training requirement. 3. Have eighteen (18) months of full-time experience* installing alternative onsite sewage systems, <u>and</u> hold or held a valid interim alternative or conventional onsite soil installer license. Required Documentation: Attach a completed <u>Experience Verification Form</u>.

	4. Have eighteen (18) months of full-time experience installing alternative onsite sewage systems, and 20 hours of approved training covering basic installation of alternative onsite sewage systems Required Documentation: Attach a completed Experience Verification Form and a transcript or certificate
	showing successful completion of training requirement. <u>ence Verification Form</u> must be verified by one or more of the following individuals: an alternative onsite soil evaluator, a master tive onsite sewage system installer, a professional engineer, or an authorized onsite soil evaluator certified by VDH before July 1,
14.	are you requesting education and training substitution to qualify for licensure in accordance with 18VAC160-40-70 f the regulations? No If yes, complete the Education & Training Substitution Form
15.	lave you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory ody? No If yes, complete the <u>Disciplinary Action Reporting Form.</u>
16.	 Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? <i>Any plea of nolo contendere shall be considered a conviction</i>. No
	Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> within the <u>last three years</u> from the date of this application? <i>Any plea of nolo contendere shall be considered a conviction.</i> No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
17.	 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 40, of the Code of Virginia and the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals; Onsite Sewage System Professionals Licensing Regulations.
	Signature Date