

FINAL - APPROVED 2017

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 EXPERIENCE VERIFICATION APPLICATION
 Onsite Sewage System Applicants only**

(Use only *one* verification application per experience.)

Section A: To be completed by the applicant only. Complete items #1 through #9, then forward this form to the company named in #4.

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. Job Duties - Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work.
 (If additional space is needed, you may continue on the last page)

Job Title	From MM/YY	To MM/YY	Hours of Work per Week
			Full-Time (more than 35 hrs/wk) <input type="checkbox"/> Part-Time (less than 35 hours/week) <input type="checkbox"/>
Description of Experience:			If part-time, average hours per week:

9. Check the type of license you are requesting: (only one license type per form)

<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

10. Applicant's Signature _____ Date _____

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21. Was the applicant employed full-time (35 hours or more per week)?
No If no, how many hours did the applicant work each week? _____
Yes
22. In your judgment, has the applicant's work been of a satisfactory quality? 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.

Certifying Verifier's Signature _____ Date _____

Section A, Question #8: Job Description (continues):