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



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www.dpor.virginia.gov Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals **EXPERIENCE VERIFICATION APPLICATION**

Onsite Sewage System Applicants only

	(Use only	one verification	applicatio	n per experience.)	, , , , , , , , , , , , , , , , , , ,
Sectio	on A: To be completed by the <u>applicar</u> named in #4.	<u>nt only</u> . <i>Compl</i>	ete items	#1 through #9, then forward this	form to the company
1.	Name	First			
C	Last			Middle	Generation
2.	Provide <u>one</u> of the following identification Social Security Number or [* State law requires every applicant for a license by the Commonwealth to provide a social security	Virginia DMV , certificate, registrati	on or other au	ithorization to engage in a business, trade, pro	
3.	Mailing Address				
	City			Clote	Zin Codo
4	City	was obtained)		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 of	otained: From	:	To:	
8.	Job Duties - Provide a description (usin Indicate whether you had full or partial r (If additional space is needed, you may continue	esponsibitliy fo on the last page)	r the work	f the scope and nature of work o	r projects performed.
	Job Title	From MM/YY	To MM/YY	Hours of Work per	Week
				Full-Time (more than 35 hrs/wk) Part-Time (less than 35 hours/week)	If part-time, average hours per week:
Descr	iption of Experience:				1
9. [Check the type of license you are required Journeyman Conventional Onsite Sewage S Master Conventional Onsite Sewage System Journeyman Conventional Onsite Sewage System Journeyman Conventional Onsite Sewage System Journeyman Conventional Onsite Soil Evaluator	ystem Installer Installer ystem Operator Operator	ار [] ۸ [] ۸ [] ۱۰	type per form) purneyman Alternative Onsite Sewage laster Alternative Onsite Sewage System purneyman Alternative Onsite Sewage laster Alternative Onsite Sewage System purneyman Alternative Onsite Soil Evaluator	n Installer System Operator M Operator
10.	Applicant's Signature			Date	

Applicant's Signature 10.

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Section B: To be completed by the Verifier.

Verifier - This section is to be completed by the <u>applicant's supervisor or an individual</u> as required by the Board's regulations and stated in question #10 on the License Application.

Complete items #11 through #24. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.

11.	Verifier's Name	_ast	First		Middle	Generation	
12.	Verifier's Relations		1 11 31		Middle	Generation	
	Supervisor	Employer	Other:				
13.	Type of Business						
14.	Current Position						
15.	Mailing Address						
		City			State	Zip Code	
16. 17.	evaluator (certified No	ent or <u>expired</u> licer by VDH prior to Ju	nse or certificati Ily 1, 2009), or a	on in Virginia as a pro any master onsite sewa	fessional engineer, an age system professiona fications, or registration	al license?	
		S, complete the for State/Juri:	-		or Registration Number	Expiration Date	
18.	Virginia Board for C	Contractors?		or <i>expired</i> contractor's d expiration date belov	license with an SDS s	pecialty issued by the	
	-	icense Number			Expiration Date		
19.	Was the applicant e	_ employed during th	ne time period ir	Indicated in Section A.7			
	No \square If no, clarify the dates:						
	Yes 🗌						
20.	To the best of your knowledge, did the applicant correctly describe his/her experience in Section A, question #8? Yes No If no, provide a description of the type of work or project performed by the applicant and the complexit of his/her work:						

- Was the applicant employed full-time (35 hours or more per week)? 21.
 - No ☐ If no, how many hours did the applicant work each week?
 - Yes 🗌
- In your judgment, has the applicant's work been of a satisfactory quality? Please write a brief statement about the 22. applicant in regard to this question.

N Y	o			

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):