Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-2719 www.dpor.virginia.gov



Natural Gas Automobile Mechanics and Technicians **NATURAL GAS AUTOMOBILE** MECHANICS OR TECHNICIANS CERTIFICATION APPLICATION Fee \$150.00

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

Select one of the following:

Certification by: Trans

				Exam Exam	Waiver	1005 1025				
	Check here if you Total cost \$400.0						lication fee is \$250.00	O plus original	l application fee.	
	Provide a <u>curro</u> applicable): Virginia Licer	,	ously issued	license	by Depar	tment of F	Professional and C	·	Regulation (if	
1.	Full Legal Nam	16								
	Last (required)		First	(required)			Middle		Generation	
	* Required do	cumentation: Al	ttach a copy of yo	our govern.	ment issued	identification (	card.			
2.	Provide at leas	st <b>one</b> of the fo	ollowing identi	fication r	umbers*:					
	Social Security Number and/or									
	Virginia DMV Control Number									
	<ul><li>Enter the sar</li><li>State law rec</li></ul>	me identification nui	mber as used on ex int for a license, cer	rtificate, regi	istration or oth	er authorization	ses on file with the departm to engage in a business, to Wirginia Department of M	trade, profession	or occupation issued	
3.	Date of Birth	MM/DD/Y		lust be at	least 18 ye	ars of age.)				
4.	Maiden or Forr	mer Name(s)								
5.	Mailing Addres	ss (PO Box ac	cepted)							
	The mailing address will be printed on the license.				-	-			-	
				City				State	Zip Code	
6.	Street Address PHYSICAL	s (PO Box <u>not</u> L <mark>address re</mark> g	•	Ch	neck here if Sti	eet Address is	the <u>same</u> as the Mailing Ad	ddress listed abo	ve.	
7.	Contact Number	ers		City				State	Zip Code	
,.	Primary Telepho			one Alternate Telephone				·	Fax	
OFFICE	DATE	FEE	TRANS CODE	EN	NTITY#		FILE #/LICENSE #		ISSUE DATE	
USE ONLY						2310				

8.	Email Address										
9.	Email address is considered a public record and will be disclosed upon request from a third party.  Do you hold a <u>current</u> or <u>expired</u> natural gas or alternative fuel vehicle mechanic or technician license, certification or registration issued by any jurisdiction of the United States?										
	No  Yes  If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing (dated within the last 60 of days) from each jurisdiction.										
	State/Jurisdiction License, Certification or Registration Number Expiration Date										
	• Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.										
10.	Which method are you using to qualify for the examination? Select only ONE.										
	One year of practical experience in the performance of services relating to the repair, conversion, or maintenance of motor vehicles that use, in whole or in part, natural gas as a fuel <a href="mailto:and-successful">and</a> successful completion of training program approve by the department;  *Required documentation: Attach a completed <a href="Experience Verification Form">Experience Verification Form</a> and documentation certifying the completion of the training program.										
	A current license as a professional engineer <u>and</u> one year of practical experience in the performance of services relating to the repair, conversion, or maintenance of motor vehicles that use, in whole or in part, natural gas a a fuel;  *Required documentation: Attach a copy of your professional engineers license (displaying license number and expiration date) and a completed <a href="Experience Verification Form">Experience Verification Form</a> .										
	Successful completion of an apprenticeship program which is approve by the Virginia Apprenticeship Council or the U.S. Department of Labor, with a Dictionary of Occupational Title or Standard Industrial Classification Identifier approved by the department, which includes a minimum of one year of practical experience in the performance of services relating to the repair, conversion, or maintenance of motor vehicle that use, in whole or in part, natural gas as a fuel; or Required documentation: Attach documentation certifying successful completion of the Apprenticeship program and a completed										
	<ul> <li>Experience Verification Form.</li> <li>An applicant with three years of practical experience in the repair, conversion, or maintenance of motor vehicles that use, in whole or in part, natural gas as a fuel.</li> </ul>										
	Required documentation: Attach a completed <u>Experience Verification Form</u> .										
11.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?  No  Yes  If yes, complete the <u>Disciplinary Action Reporting Form.</u>										
12.	A. 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> ? Any plea of nolo contendere shall be considered a conviction.										
	No  Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>										

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of th United States of any <u>misdemeanor</u> within three years of the date of this application? <i>Any plea of not contendere shall be considered a conviction.</i> No  Yes  If yes, complete the <u>Criminal Conviction Reporting Form.</u>
By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you ho a Virginia natural gas automobile mechanic and technician, you understand that this application serves as a written power attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/ho successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process again and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case of proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that are lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validities as if served upon you.
13. By signing this application, I certify the following statements:
<ul> <li>I am aware that submitting false information or omitting pertinent or material information in connection with th application will delay processing and may lead to license revocation or denial of license.</li> </ul>
<ul> <li>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 a felony or misdemeanor (in any jurisdiction).</li> </ul>
<ul> <li>I authorize the Department to verify information concerning me or any statement in this application from ar person, or any source the department may desire. I also agree to present any credentials or documen required or requested by the Department.</li> </ul>
<ul> <li>I authorize any federal, state or local government agency, current or former employer, or other individual obusiness to release information which may be required for a background investigation.</li> </ul>
<ul> <li>I have read, understand and complied with all the laws of Virginia related to this profession under the provision of Title 54.1, Chapter 50, of the Code of Virginia and the Virginia Regulations Governing Natural Ga</li> </ul>

Date

Automobile Mechanics and Technicians.

Signature