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



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

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 you are applying for:

	ſ	X License	e Types:	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1 5 5		Trans	
		🗌 A. Jouri	neyman Alterna	ative Installer					
		0	Do <u>not</u> hold a V	irginia Installer lice	nse			1210	
		0	Currently hold a	Virginia Journey	nan Conve	entional Ins	taller license	e 6210	
		\bigcirc	Currently hold a	Virginia Master C	onvention	al Installer	license	6215	
		B. Mast	er* Alternative	Installer - select <u>c</u>	<u>ne</u> of the fo	ollowing:			
		\bigcirc	Do <u>not</u> hold a V	irginia Installer lice	nse			1305	
		\bigcirc	Currently hold a	Virginia Journey	nan Conve	entional Ins	taller license	e 6305	
		\bigcirc	Currently hold a	Virginia Master C	onvention	al Installer	license	6305	
			-	Virginia Journey				6305	
		 Master ap this applic 		authorized to take	he applical	ble examina	ition upon ap	proval of	
\triangleright	Provide your cu			wage system in	staller lice	ense (if ap	olicable)?		
	Virginia Licens		1 9 4 4				on Date		
						слрпаш			
1.	Full Legal Name	e (As it appe	ars on your gov	ernment issued ID	or other leg	gal documei	ntation.)		
	Last (required)		First	(required)		Middle			Generation
2.	Provide at least	one of the fo	ollowina identif	ication numbers [*]	÷.				
		curity Numbe	0				-		
	🗌 <i>Virginia</i> D	MV Control Nu	umber						
				amination, previous ap	plications or li	censes on file	with the departr	nent.	
	* State law requ	ires every applica	int for a license, cer		ther authoriza	ation to engage	in a business,	trade, professi	on or occupation issued
3.	Date of Birth		(Mu	ust be at least 18 y	ears of age	.)			
		MM/DD/		,,	J	,			
4.	Maiden or Form	er Name(s)							
5.	Mailing Address	s (PO Box ac	cepted)						
		g address will be)						
	printed o	on the license.		City				State	Zip Code
OFFICE	DATE	FEE	TRANS CODE	ENTITY #		FILE	E #/LICENSE #		ISSUE DATE
USE ONLY					1944	1			

•	Box <u>not</u> accepted) RESS REQUIRED				g Address listed abo					
		City			State	Zip Code				
Contact Numbers										
Email Addross	Primary Teleph	none	Alterna	e Telephone	Fax					
	Email address	s is consider	red a public record and	will be disclosed upon	request from a thi	ird party.				
Are you applying for	a iourneyman alterr	native ons	ite sewage system	installer license?						
No	a <u>journojmun</u> unorr		ine contage of storm							
Yes 🗌 If yes,	select one of the foll	owing req	uirements to qualify	/ for <u>licensure</u> :						
□ 1.	systems and curren	ntly an er	nployee, owner, d	rector or officer o		•				
	Virginia Contractor	r's License	e Number:	2 7						
	Required Documer	ntation: At	tach a completed <u>Ex</u>	perience Verificatio	on Form.					
2 .	Have 2 years of full systems.	-time exp	erience* assisting	with the installation	n of alternative	e onsite sewage				
	Required Documer	ntation: At	tach a completed <u>Ex</u>	perience Verificatio	on Form.					
	5		•							
Skip to question 12.										
Are you applying for	a <u>master</u> alternative	e onsite se	wage system insta	ller license?						
No 🗌										
3		0 1	• •							
☐ 1.	an employee, owne disposal system (SE Virginia Contractor	r, director)S) specia r's License	or officer of a pro lty. e Number:	perly licensed Virg						
	Required Docume	ntation: At	tach a completed <u>Ex</u>	perience Verificatio	o <u>n Form.</u>					
2.	20 hours of Board systems <u>and</u> curren contractor with a set	approved ntly an er wage disp	I training covering nployee, owner, d osal system (SDS)	basic installation rector or officer of specialty.	of alternative	onsite sewage				
	Required Docume	ntation: A	ttach a completed	Experience Verific	a <i>tion Form</i> an	d a transcript or				
□ 3.	of Board approved to Required Docume	raining co Intation: A	vering basic installa	ation of alternative <i>Experience Verific</i>	onsite sewage	e systems.				
r)	PHYSICAL ADDR Contact Numbers Email Address Are you applying for No 1. Yes 1. Prience Verification Form native onsite sewage systems Skip to question 12. Are you applying for No 1. Skip to question 12. Are you applying for No 1. Yes If yes, 1.	PHYSICAL ADDRESS REQUIRED Contact Numbers Primary Telepit Email Address Are you applying for a journeyman alterr No Yes If yes, select one of the foll 1. Have 1 year of full-systems and current contractor with a set Virginia Contractor Required Document 2. Have 2 years of full systems. Required Document 2. Have 2 years of full systems. Required Document Skip to question 12. Are you applying for a master alternative No Yes If yes, select one of the foll Skip to question 12. Are you applying for a master alternative No Yes If yes, select one of the foll 1. Have 2 years of full an employee, owned disposal system (SE Virginia Contractoo Required Document 2. Have eighteen (18) 20 hours of Board systems and current contractor with a set Virginia Contractor Required Document 2. Have eig	PHYSICAL ADDRESS REQUIRED City Contact Numbers Primary Telephone Email Address Email address is consider Are you applying for a journeyman alternative ons No Yes If yes, select one of the following req 1. Have 1 year of full-time expensions systems and currently an er contractor with a sewage disp Virginia Contractor's License Required Documentation: At 2. Have 2 years of full-time expensions Required Documentation: At Primary Telephone Skip to question 12. Are you applying for a master alternative onsite set No Yes If yes, select one of the following req No Yes If yes, select one of the following req No I Are you applying for a master alternative onsite set No I Yes If yes, select one of the following req In Have 2 years of full-time exp an employee, owner, director disposal system (SDS) specia Virginia Contractor's Licenso Required Documentation: At	PHYSICAL ADDRESS REQUIRED City Contact Numbers Primary Telephone Alternal Email Address Email address is considered a public record and Are you applying for a journeyman alternative onsite sewage system No Yes If yes, select one of the following requirements to qualify 1 Have 1 year of full-time experience* assisting v systems and currently an employee, owner, di contractor with a sewage disposal system (SDS) Virginia Contractor's License Number: Required Documentation: Attach a completed Exp 2 Have 2 years of full-time experience* assisting v systems. Required Documentation: Attach a completed Exp crience Verification Form must be verified by one or more of the following indi native onsite sewage system installer, a professional engineer, or an authorize skip to question 12. Are you applying for a master alternative onsite sewage system installing a an employee, owner, director or officer of a pro Yes If yes, select one of the following requirements to qualify 1 Have 2 years of full-time experience* installing a an employee, owner, director or officer of a pro Virginia Contractor's License Number: Required Documentation: Attach a co	PHYSICAL ADDRESS REQUIRED City Contact Numbers Primary Telephone Alternate Telephone Email Address Email address is considered a public record and will be disclosed upon Are you applying for a journeyman alternative onsite sewage system installer license? No Yes If yes, select one of the following requirements to qualify for licensure: 1 1. Have 1 year of full-time experience* assisting with the installation systems and currently an employee, owner, director or officer or contractor with a sewage disposal system (SDS) specialty. Virginia Contractor's License Number: 2 7 Required Documentation: Attach a completed Experience Verification systems. Required Documentation: Attach a completed Experience Verification relevances Skip to question 12. Are you applying for a master alternative onsite sewage system installer license? No If yes, select one of the following requirements to qualify for the examinative onsite sewage system (SDS) specialty. Virginia Contractor's License Number: 2 7 Skip to question 12. Have 2 years of full-time experience* installing alternative onsite sa an employee, owner, director or officer or a property licensed Virg	PHYSICAL ADDRESS REQUIRED City				

4. Have eighteen (18) months of full-time experience* installing alternative onsite sewage systems, <u>and</u> hold an expired interim alternative onsite sewage system installer license, or a current journeyman conventional, a master conventional or a journeyman alternative onsite sewage system installer license.

	Virginia expired Interim license number:	1	9	3	2						
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Required Documentation: Attach a completed Experience Verification Form.

- Experience Verification Form must be verified by one or more of the following individuals: a journeyman or master 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.
- 11. Are you requesting education and training substitution to qualify for licensure in accordance with <u>18VAC160-40-70</u> of the regulations?
 - No 🗌
 - Yes 🔲 If yes, complete the <u>Education & Training Substitution Form</u>
- 12. 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 Disciplinary Action Reporting Form.
- 13. 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 the United States of any <u>misdemeanor</u> within the last three years? *Any plea of nolo contendere shall be considered a conviction.*
 - No 🗌

Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>

- 14. By signing this application, I certify the following statements:
 - 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 23, of the *Code of Virginia* and the *Onsite Sewage System Professionals Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals.*

Signature	Date	
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