Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
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Richmond, Virginia 23233-1485  
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Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals  
VIRGINIA EXPERIENCE VERIFICATION APPLICATION  
Waterworks and Wastewater Works Operators Applicants only

(Use only one verification application per experience.)

Section A: To be completed by the applicant only. Complete items #1 through #11, then forward this form to the Employer named in question #4.

1. Name  
   Last __________________________________________ First __________________________________________ Middle __________________________________________ Generation __________________________________________

2. Provide one of the following identification numbers.  
   [ ] Social Security Number or [ ] Virginia DMV Control Number *  
   [ ] 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. Applicant's Mailing Address  
   __________________________________________  
   City __________________________________________ State __________ Zip Code __________

4. Employer's Facility/Employer's Name *  
   __________________________________________

5. Employer's Facility/Employer's Address *  
   __________________________________________  
   City __________________________________________ State __________ Zip Code __________

   * Waterworks and Wastewater Works applicants must list the Facility name and address as noted on the permit issued by DEQ or VDH. If experience has been gained as an interim or master alternative onsite sewage system operator; provide the name and address where experience was obtained.

6. Employee Status  
   [ ] Full-Time  
   [ ] Part-time  
   Total Hours: ________  
   Total Days: ________

7. Time period in which experience was obtained:  
   From: ________/______/______  
   To: ________/______/______

8. Do you hold a current or expired waterworks and wastewater works operator license?  
   [ ] No  
   [ ] Yes  
   If yes, provide your license number and expiration date below  
   VA License Number ________  
   Expiration Date ________

9. Do you hold an expired Interim or a current or expired Master Alternative Onsite Sewage System operator license?  
   [ ] No  
   [ ] Yes  
   If yes, provide your license number and expiration date below  
   VA Interim License No. ________  
   VA Master Alternative License No. ________  
   Expiration Date ________

10. Check the type of license you are requesting: (only one license type per form)  
    Waterworks Operator or Wastewater Works Operator  
    [ ] Class 1  [ ] Class 3  [ ] Class 5  [ ] Class 1  [ ] Class 3  
    [ ] Class 2  [ ] Class 4  [ ] Class 6  [ ] Class 2  [ ] Class 4

11. Applicant's Signature __________________________________________ Date __________
Section B: To be completed by the Verifier.

Verifier - This section is to be completed by the applicant's supervisor or other individual in responsible charge at the facility or employer's company listed in Section A4. For applicants who are self employed (Sole Proprietor), work experience must be verified by an independent third-party who has first-hand knowledge of the applicant's experience.

Complete questions #12 - #20. Return for inclusion in his/her application package. Your prompt response is appreciated.

12. Was the applicant's experience gained at a Waterworks Facility?
   
   [ ] No
   [ ] Yes
   
   If yes, provide the following information:
   
   A. Facility VDH Permit Number: __________
   B. Facility Class __________
   
13. Was the applicant's experience gained at a Wastewater Works Facility?
   
   [ ] No
   [ ] Yes
   
   If yes, provide the following information:
   
   A. Facility DEQ Permit Number __________
   B. Facility Class __________
   
14. Was the applicant employed during the time period indicated in Section A.7?
   
   [ ] No
   [ ] Yes
   
15. Was the applicant's experience during his/her employment period solely limited to the operation and maintenance of wastewater collection systems and water distributions systems, laboratory work, plant maintenance, and other nonoperating duties?
   
   [ ] Yes
   [ ] No
   
   If no, specify the applicant's duties below.

16. Was the applicant's experience during his/her employment period limited to water distribution system operation and maintenance?
   
   [ ] No
   [ ] Yes
   
17. Was the applicant's experience during his/her employment period related to the operation and maintenance of Alternative Onsite Sewage Systems?
   
   [ ] No
   [ ] Yes
   
18. Verifier's Name/Supervisor's Name & Title __________________________

19. Certifying Supervisor's Virginia Operator License No. (if applicable):

   Virginia License Number 19 __________________________ Expiration Date __________

20. I certify that the applicant has met the experience requirements of 18 VAC 160-30-90 of the Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations and that, to the best of my knowledge, all information provided on this form is true and accurate.

   Certifying Supervisor's Signature __________________________ Date __________
   or
   Verifier's Signature __________________________ Date __________