Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8506



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Board for Professional Soil Scientists, Wetland Professionals, and Geologists PROFESSIONAL SOIL SCIENTISTS, PROFESSIONALS WETLAND DELINEATOR & GEOLOGISTS - UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

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

> > Select one license type you are requesting:

License Type

		3401 - License	d Professional S	oil Scientist				1021	\$150.00	
		3401 - Unlicen	sed Professional	Soil Scientist - ULR by	exam			1005	\$150.00	
		3402 - License	d Professional W	/etland Delineator				1021	\$150.00	
		3402 - Unlicen	sed Professional	Professional Wetland	Delineator - l	JLR by exa	am	1005	\$150.00	
		2801 - Certifie	d/Licensed Geolo	ogist				1021	\$150.00	
		2801 - Uncerti	fied/Unlicensed G	Geologist - ULR by exa	n			1005	\$150.00	
1. 2.	Regulation?	Yes		ificate issued by the	· ·	·		Profess	ional and	Occupational
	Last (required)			(required)		Middle				Generation
3.			ŭ	ication numbers*:			. —			
	Social Security Number and				-		-			
	<u>Virginia</u> DMV Control Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □									
	Enter the same identification number as used on examination, previous applications or licenses on file with the department.									
	* State law req	uires every applica	nt for a license, cer	tificate, registration or oth	er authorizatio	n to engage	in a busine	ss, trade,		r occupation issued
4.	Date of Birth			(Must be 18 years	of age.)					
		MM/DD/Y	YYY	(, , , , , , , , , , , , , , , , ,	3 ,					
5.	Maiden or Forn	ner Name(s)								
6.	Mailing Addres	s (PO Box acc	cepted)							
	The mailing address will be									
	printed on the license.		City					State	Zip Code	
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			Check here if St	reet Address is	s the <u>same</u> a	as the Mailir	ng Addres	s listed above	
				City					State	Zip Code
FFICE USE	DATE	FEE	TRANS CODE	ENTITY#		FILE	#/LICENSE#			ISSUE DATE
ONLY										

8.	Contact Numbers							
9.	Email Address	Primary Telephone	Alternate	Telephone				
٥.	Ziman / Kaarooo	Email address is cons	sidered a public record and w	ill be disclosed upon	request from a third par	ty.		
10.	Applicants who hold	a current license/certificate):					
	A. Do you hold a <i>current</i> (non-Virginia) license or certificate issued by a regulatory board or government entity No If no, skip to guestion #11.							
	Yes □ I	f yes, have you held this lice No	t qualify for the Univers	•	nay apply by using t	he Board's		
		Yes						
	B. Did your current state or your state of original licensure/certification require you to pass an examination?							
	No If no, you do not qualify for the Universal license. You may apply using the Board certification application. Yes If yes, did that state require you to complete any education, training and/or							
		requirements to obtain this li No		•	·	•		
		Yes						
	C. Complete the following table and include all current and expired licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.							
	A Certification of Licensure/Letter of Good Standing*must be sent from the state board/regulatory body to the Board for Professional Soil Scientists, Wetland Professionals, and Geologists.							
		State/Jurisdiction	License, Certification or Registration Number	Did you pass an examination?	Expiration Date			
				Yes				
				Yes 🗌				
				Yes 🗌				
				Yes				
				Yes 🗌				
				Yes 🗌		1		
•	registration number; 2) the exam, reciprocity, etc.) and violation or undetermined fi Certification can be	e emailed to <u>BPSSandWP@dpor.</u>	xpiration date of the license were met to qualify for licen virginia.gov or geology@dpor	or renewal date; 4) sure; and 5) all clos sure; and 5) all clos svirginia.gov, faxed to	the means of obtaining ned disciplinary actions on 877-340-9616 or maile	licensure (i.e. resulting in a ed to:		
	Board for Professional Soil Scientists, WetlandProfessionals, and Geologist, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485							
	application? No □	any unresolved complaints			·	mitted this		
	Yes 🗌 I	f yes, please give a brief de	scription of this complain	nt/pending invest	igation:			
Skip	to guestion #12.							

11.	For applicants who do not hold a current license or certificate.									
	A.	Do you professi	work in a state, or jurisdiction?	ion of the United States (o	ther than Virg	jinia) that does	not regulate your			
		No	If no, you do not qualify for the Universal license. You may apply using the Board's license/ certification application.							
	Yes If yes, have you worked in this profession for a least three years? No If no, you do not qualify for a Universal License at this time Board's license/certification application. Yes						nay apply using the			
	B. Have you ever passed an examination for this profession in any state or territory of the United States?									
	No If no, you <u>will</u> be required to take the Board approved examination upon the Board's review of y application. Applicant will be notified by the Board when they are eligible to sit for the examination.									
		Yes	☐ If yes, provide the follow	wing information about the e	examination:					
			State/Jurisdiction:		Date of	f Examination				
	Required Documentation: Attach a copy of a certificate or other documentation showing successful completion o National/Board-approved examination.									
	C.	List all t	he state or jurisdiction of the l	United States where you hav	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
			State/Jurisdiction	Profession/Occupation		es of oyment				
			Otate/ourisdiction	1 Totession/Occupation	Start (MM/YY)	Finished (MM/YY)				
	D. An <u>Experience Verification Form</u> must be complete and submitted along with this application. Is one attached?									
	No ☐ Yes ☐ > Experience Verification Form is located here -									
	Soil Scientist - https://www.dpor.virginia.gov/sites/default/files/boards/SSWP/A439-3401EXP_pdf.pdf									
	Wetland Delineator - https://www.dpor.virginia.gov/sites/default/files/boards/SSWP/A439-3402EXP_pdf.pdf Geologist - https://www.dpor.virginia.gov/sites/default/files/boards/SSWP/A439-28EXP_pdf.pdf									
12.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulator									
	body?									
	No Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>									
13	A.	-	ou ever been convicted or fou States of any <u>felony</u> ? <i>Any ple</i>				y jurisdiction of the			
		Yes	☐ If yes, complete the <u>Cr</u>	iminal Conviction Reporting	Form.					

B.	Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the Jnited States of any misdemeanor? Any plea of nolo contendere shall be considered a conviction.						
	No Yes If yes, complete the Criminal Conviction Reporting Form.						
Ву	Ining 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 obusiness 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 22 of the Code of Virginia and the Virginia Board for Professional Soil Scientists, Wetland Professionals, and Geologists Regulations Governing Certified Professional Wetland Delineator.						
	Signature Date						

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