

**Board for Waste Management Facility Operators**  
**LICENSE APPLICATION**  
**Fee \$85.00**

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 action for licensure:

License Type	Initial License		Adding Classification	
	Examination (1005)	Reciprocity (1021)*	Examination (1007)	Reciprocity (9021)*
Class I	<input type="checkbox"/>			
Class II	<input type="checkbox"/>		<input type="checkbox"/>	
Class III	<input type="checkbox"/>		<input type="checkbox"/>	
Class IV	<input type="checkbox"/>		<input type="checkbox"/>	
* There is <b>no</b> reciprocity agreement at this time.				

- Provide a **current or previously** issued license by Department of Professional and Occupational Regulation/Virginia Board for Waste Management Facility Operators - (if applicable)

Virginia License Number 

4	6	0	5						
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 Expiration Date \_\_\_\_\_

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers\*:

☐ **Social Security Number** and/or

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☐ **Virginia** DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* 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. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)

MM/DD/YYYY

4. Maiden or Former Name(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_

The mailing address will be  
 printed on the license.

\_\_\_\_\_  
 City State Zip Code

6. Street Address (PO Box **not** accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

\_\_\_\_\_  
 City State Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					4605	

7. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

8. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

9. Do you hold a current or previously issued license, certification or registration as a waste management facility operator issued by any local, state or national regulatory body (excluding Virginia)?

No ☐

Yes ☐ If yes, complete the following table and attach an original Certification/Letter of Good Standing<sup>♦</sup> dated within the last 60 days.

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 or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in violations or undetermined.

10. Which one of the following training and experience requirements are you using to qualify for licensure?

☐ Class I

Completion of an approved training course and a minimum of six months of operational experience with a waste management facility.

☐ Class II

Completion of an approved training course specific to Class II facilities and six months of full-time employment as a Class II facility.

☐ Class III

Completion of an approved training course specific to Class III facilities and six months of full-time employment at a Class III facility.

☐ Class IV

Completion of an approved training course specific to Class IV facilities and six months of full-time employment at a Class IV facility.

**Required Documentation:** Attach a copy of the certificate or an official document that verifies your successful completion of the training course(s) and a completed **Experience Verification Form**.

11. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

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 **felony**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **non-marijuana misdemeanor**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

13. 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 desire. 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 22.1, of the *Code of Virginia* and the *Virginia Board for Waste Management Facility Operators Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To obtain a **Waste Management Facilities Operator** license, the following attachment may be required.  
Select the attachment(s) included with this application.

- ☐ [Experience Verification Form](#) (if applicable).
- ☐ [Examination Site Conduct Agreement Form](#) (if required to take the examination)
- ☐ Training Certificate(s) from a Board-Approved training provider (if applicable).
- ☐ Attach an original Certification/Letter of Good Standing issued by a local, state or national regulatory body where currently/previously issued licensed/certified (if applicable).