Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8511 www.dpor.virginia.gov



## **Board for Waste Management Facility Operators** LICENSE 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	action for	icensure:			
				Initial Li	cense	Adding Cla	assification		
			License Type	Examination (1005)	Reciprocity (1021)*	Examination (1007)	Reciprocity (9021) *		
			Class I						
			Class II						
			Class III						
			Class IV						
			There	e is <u>no</u> reciprod	ity agreemer	nt at this time.			
Во	ard for Waste Virginia Lice	Management	Facility Op	erators - (if	applicable		Expi	Occupational Regulification Date	ation/Virginia
ī	_ast (required)			irst (required)		·	Middle		Generation
F	Provide at leas	st <u>one</u> of the fo	ollowing ide	ntification n	umbers*:				
		ecurity Number				T - [			
	□ Virginia	DMV Control No	ımber						
		me identification nu		n examination. p	revious applic	ations or license	es on file with the	department.	
	* State law re	quires every applica	nt for a license	, certificate, regis	stration or othe	r authorization t	o engage in a bu	usiness, trade, profession or nent of Motor Vehicles.	occupation issued
	Date of Birth	MM/DD/Y	YYYY	(Must be at	least 18 yea	ars of age.)			
N	/laiden or For	mer Name(s)							
1	The maili	ss (PO Box acong address will be on the license.	. ,						
				City	ack hara if Str	ot Addross is th	oo sama as tha M	State  Mailing Address listed above.	Zip Code
S		s (PO Box <u>not</u> L <b>ADDRESS REC</b>	. ,		BOK HEIE II OUR	et Address is ti	ie <u>sailie</u> as tile iv	railing Address listed above.	
				City				State	Zip Code
	DATE	FEE	TRANS CODE	=	TITY#		FILE #/LICEN	oc# T	ISSUE DATE
- 1	DATE	1 1 5 5	I IIVANO CODI	- I EN	1111#		I ILE #/LICEN	UL π	IOOUL DATE

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OFFICE USE ONLY

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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.	issued by any local, s	tate or national regulatory body (	,							
	Yes If yes, complete the following table and attach an original Certification/Letter of Good Standing dated within the last 60 days.									
		State/Jurisdiction	License, Certification or Registration Num	ber Expiration Date						
	lice fee	ense/certification/registration number; 2	Standing prepared by the state board or regul 2) the initial date of licensure; 3) the expiration (i.e. exam, reciprocity, etc.); and 5) all closed	date of the license or renewal						
10.	Which one of the follo	wing training and experience rec	quirements are you using to qu <mark>ali</mark> fy for li	censure?						
	Class I	9 ч.ч 9 ч.ч. ч.ү-ч.ч.	, and a second of the second o							
	Completion of an approved training course specific to a Class I facility and a minimum of one year of									
	operational experience with a waste management facility.									
	Class II									
Completion of an approved training course specific to Class II facilities and one year of full-time										
	as a Class II facility.  ☐ Class III									
	Completion of an approved training course specific to Class III facilities and one year of full-time employment at a Class III facility.									
	Class IV									
	Completion of an approved training course specific to Class IV facilities and one year of full-time employment at a Class IV facility.									
		ion: Attach a <u>copy</u> of the certificate o ted <u>Experience Verification Form</u> .	r an official document that verifies your succe	ssful completion of the training						
11.	Have you ever been	subject to a <u>disciplinary action</u> t	taken by <u>any</u> (including Virginia) local, s	state or national regulatory						
	body?									
	No 🗆	And the Disciplina Anti-	December France							
	Yes  If yes, o	complete the <u>Disciplinary Action</u> I	Reporting Form.							
12.		•	egardless of the manner of adjudication ontendere shall be considered a convic	• •						
	Yes ☐ If	yes, complete the Criminal Conv	viction Reporting Form.							
	United States of		egardless of the manner of adjudication of nolo contendere shall be considered	• •						
	No ☐ Yes ☐ If	yes, complete the Criminal Conv	viction 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.

Sign	atureDate
	e Management Facilities Operator license, the following attachment may be required. ment(s) included with this application.
Experience	ce Verification Form (if applicable).
Examinat	ion Site Conduct Agreement Form (if required to take the examination)
Training (	Certificate(s) from a Board-Approved training provider (if applicable).
	n original Certification/Letter of Good Standing issued by a local, state or national regulatory body where