

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

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 the one license type you are applying for:

X	License Types:	Trans
<input type="checkbox"/>	A. Journeyman Conventional Operator	1010
<input type="checkbox"/>	B. Master* Conventional Operator - select <u>one</u> of the following:	
<input type="radio"/>	Do <u>not</u> hold a Virginia Operator license	1105
<input type="radio"/>	Currently hold a Virginia Journeyman Conventional Operator license	6105
<input type="radio"/>	Currently hold a Virginia Journeyman Alternative Operator license	6115
* Master applicants will be authorized to take the applicable examination upon approval of this application.		

➤ Provide your current or expired onsite sewage system operator license (if applicable)?

Virginia License Number

1	9	4	2						
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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) _____
PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

7. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				1942		

8. Email Address

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

9. Are you applying for a **journeyman conventional** onsite sewage system operator license?

No

Yes If yes, do you have 6 months of full-time experience* assisting with the operation and maintenance of conventional or alternative onsite sewage systems?

No If no, you do not qualify for this license type.

Yes If yes, complete the **Experience Verification Form**.

* Experience Verification Form must be verified by one or more of the following individuals: onsite soil evaluator, a master onsite sewage system operator, a professional engineer, or an authorized onsite soil evaluator certified by VDH before July 1, 2009.

➤ Skip to question 12.

10. Are you applying for a **master conventional** onsite sewage system operator license?

No

Yes If yes, select **one** of the following requirements to qualify for the examination:

1. Hold a current Virginia wastewater works operator license.

Virginia license number:

1	9	6	5						
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2. Have 6 months of full-time experience* in the operation and maintenance of conventional or alternative onsite sewage systems, **and** completed 10 hours of Board approved training covering the basics of operations and maintenance of conventional onsite sewage systems.

Required Documentation: Attach a completed Experience Verification Form and a transcript or certificate showing successful completion of training requirement.

3. Have 1 year of full-time experience* in the operation and maintenance of conventional or alternative onsite sewage systems.

Required Documentation: Attach a completed Experience Verification Form.

* Experience Verification Form must be verified by one or more of the following individuals: alternative onsite soil evaluator, a master alternative onsite sewage system operator, 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 18VAC160-40-70 of the regulations?

No

Yes If yes, complete an **Education & Training Substitution Form**.

12. 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](#).

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 **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

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

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within the **last three years**? *Any plea of nolo contendere shall be considered a conviction.*

No

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

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 _____