

X	Category	Experience Gained (check all that apply)	% of Time
		(explain)	
<input type="checkbox"/>	Treatment:	<input type="checkbox"/> Fixed Film	
		<input type="checkbox"/> Suspended Media	
		<input type="checkbox"/> Hybrid	
<input type="checkbox"/>		<input type="checkbox"/> Other: (explain)	
<input type="checkbox"/>	Others/Misc.:	<input type="checkbox"/> Soil Evaluation	
		<input type="checkbox"/> Site Delineation	
		<input type="checkbox"/> Disinfection	
		<input type="checkbox"/> Inspections	
<input type="checkbox"/>		<input type="checkbox"/> Other: (explain)	

8. Describe the onsite soil evaluation work that you personally performed: (Attach separate page if more space is needed.)

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Applicant's Signature _____ Date _____

Section B: To be completed by the Verifier.

Verifier - This section is to be completed by the applicant's verifier. (Refer to the the Board's regulations for requirement).

Complete questions B.1. - B.9. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.

1. Verifier's Name _____
Last First Middle Generation

2. Verifier's Relationship to Applicant:
 Supervisor Employer Other: _____

3. Business Name _____

4. Do you hold a *current* or *expired* license or certification in Virginia? If so, please check the license type and provide your license number.

- Onsite Soil Evaluator - License No. _____
- Authorized Soil Evaluator - License No. _____
Certified by VDH prior to July 1, 2009
- Professional Engineer - License No. _____
- Other: (explain) _____

5. Are the dates in which the experience was obtained, correct? (See Section A, question 7.B.)

- No If no, clarify the dates: _____
- Yes

6. To the best of your knowledge, did the applicant correctly describe his/her experience? (See Section A, question 7.D & 8.)

- Yes
- No If no, provide a description of the type of work or project performed by the applicant and the complexity of his/her work:

7. Was the applicant employed full-time?

- No If no, how many hours did the applicant work each week? _____
- Yes

8. Additional Comments:

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Certifying Verifier's Signature _____ Date _____