

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
ALTERNATIVE 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
☐	A. Journeyman Alternative Operator	
☐	Do <u>not</u> hold a Virginia Operator license	1210
☐	Currently hold a Virginia Journeyman Conventional Operator license	6210
☐	Currently hold a Virginia Master Conventional Operator license	6215
☐	B. Master* Alternative Operator - select <u>one</u> of the following:	
☐	Do <u>not</u> hold a Virginia Operator license	1305
☐	Currently hold a Virginia Journeyman Conventional Operator license	6305
☐	Currently hold a Virginia Master Conventional Operator license	6305
☐	Currently hold a Virginia Journeyman Alternative Operator license	6305
* 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

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

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

No ☐

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

- ☐ 1. Have 9 months of full-time experience* assisting with the operation and maintenance of alternative onsite sewage systems **and** completed 20 hours of education approved by the Board covering the basics of operations and maintenance of alternative onsite sewage systems.

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

- ☐ 2. Have 18 months of full-time experience* assisting with the operation and maintenance of 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: master conventional or alternative onsite soil evaluator, a master conventional or alternative onsite sewage system operator, a master conventional or alternative onsite sewage system installer, professional engineer, an authorized onsite soil evaluator, VDH permitting or inspection official, professional geologist, DEQ wastewater official, or, for experience gained outside of Virginia, an equivalent credential to these licenses.

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

No ☐

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

- ☐ 1. Have 1 year of full-time experience* in the operation and maintenance of alternative onsite sewage systems, completed 8 hours of Board approved training covering the basics of operations and maintenance of alternative onsite sewage systems, **and** hold a current or expired master conventional onsite sewage system operator license.

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

- ☐ 2. Have 18 months of full-time experience* in the operation and maintenance of alternative onsite sewage systems **and** hold a current or expired master or journeyman conventional onsite sewage system operator license.

Required Documentation: Attach a completed **Experience Verification Form**.

- ☐ 3. Have 2 years of full-time experience* in the operation and maintenance of alternative onsite sewage systems **and** completed 16 hours of Board approved training covering the basics of operations and maintenance of alternative onsite sewage systems.

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

- ☐ 4. Have 6 months of full-time experience* in the operation and maintenance of alternative onsite sewage systems **and** hold a valid Virginia wastewater works operator license.

Virginia license number:

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Required Documentation: Attach a completed **Experience Verification Form**.

- ☐ 5. Completed 16 hours of Board approved training covering the basics of operations and maintenance of alternative onsite sewage systems **and** hold a valid Virginia wastewater works operator license.

Virginia license number:

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Required Documentation: Attach a transcript or certificate showing successful completion of training requirement.

* *Experience Verification Form* must be verified by one or more of the following individuals: a master conventional or alternative onsite soil evaluator, a master conventional or alternative onsite sewage system operator, a master conventional or alternative onsite sewage system installer, professional engineer, an authorized onsite soil evaluator, VDH permitting or inspection official, professional geologist, DEQ wastewater official, or, for experience gained outside of Virginia, an equivalent credential to these licenses.

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. Within the past 20 years, 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 been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving lying, cheating, or stealing within **the last three years**?
- 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 *Onsite Sewage System Professionals Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals*.

Signature _____

Date _____