

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 EXPERIENCE VERIFICATION APPLICATION
 Installer and Operator Applicants only**

(Use only *one* verification application per experience.)

Section A: To be completed by the applicant only. Complete items #1 through #9, then forward this form to the individual who will verify the experience.

1. Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers*:
 Social Security Number or Virginia DMV Control Number - -
 * 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. Mailing Address _____
City State Zip Code

4. Check the type of license you are requesting: (only one license type per form)

<input type="checkbox"/> Journeyman Conventional Onsite Sewage System Installer	<input type="checkbox"/> Journeyman Alternative Onsite Sewage System Installer
<input type="checkbox"/> Master Conventional Onsite Sewage System Installer	<input type="checkbox"/> Master Alternative Onsite Sewage System Installer
<input type="checkbox"/> Journeyman Conventional Onsite Sewage System Operator	<input type="checkbox"/> Journeyman Alternative Onsite Sewage System Operator
<input type="checkbox"/> Master Conventional Onsite Sewage System Operator	<input type="checkbox"/> Master Alternative Onsite Sewage System Operator

5. Employer (company where experience was obtained) _____

6. Employer's Mailing Address _____
City State Zip Code

7. Provide the following information for the experience being verified:

A. Job Title _____

B. Time period in which the experience was obtained: Start Date _____ - End Date _____
MM/YY MM/YY

C. Employment Type: Full time
 Part-time Total Hours: _____ Total Number of Days: _____

D. Select the appropriate category for the experience gained during the time frame listed above. Also provide the percentage of time spent in the category selected:

X	Category	Experience Gained (check all that apply)	% of Time
<input type="checkbox"/>	Treatment System Type:	<input type="checkbox"/> Septic Tank	
		<input type="checkbox"/> Suspended Media Aerobic Treatment Unit	
		<input type="checkbox"/> Fixed Film Aerobic Treatment Unit	

X	Category	Experience Gained (check all that apply)	% of Time
		<input type="checkbox"/> Hybrid <input type="checkbox"/> Other: (explain)	
	<input type="checkbox"/> Disinfection:	<input type="checkbox"/> Chlorine Disinfection <input type="checkbox"/> Ultraviolet Disinfection <input type="checkbox"/> Other: (explain)	
	<input type="checkbox"/> Dispersal:	<input type="checkbox"/> Gravity <input type="checkbox"/> Pumped to Gravity <input type="checkbox"/> Pressure <input type="checkbox"/> Other: (explain)	
	<input type="checkbox"/> Dispersal Areas:	<input type="checkbox"/> Trenches <input type="checkbox"/> Pads <input type="checkbox"/> Low Pressure Dosing (LPD) <input type="checkbox"/> Mounds <input type="checkbox"/> Discharging <input type="checkbox"/> Drip-Dispersal <input type="checkbox"/> Other: (explain)	
	<input type="checkbox"/> Dosing Regiments:	<input type="checkbox"/> Demand <input type="checkbox"/> Timed <input type="checkbox"/> Other: (explain)	

8. Describe the onsite sewage system 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.10. 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.

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

5. Is the applicant applying for an Installer license?

No

Yes If yes, does the applicant's work for a Contractor with a contractor's license with an SDS (sewage disposal system) specialty issued by the Virginia Board for Contractors?

No

Yes If yes, provide their license number and expiration date below:

VA License No.

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 Expiration Date _____

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

No If no, clarify the dates: _____

Yes

7. 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:

8. Was the applicant employed full-time?

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

Yes

9. Additional Comments:

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

Certifying Verifier's Signature _____ Date _____