

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
ALTERNATIVE ONSITE SEWAGE SYSTEM INSTALLER - 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 Alternative Installer	
<input type="radio"/>	Do <u>not</u> hold a Virginia Installer license	1210
<input type="radio"/>	Currently hold a Virginia Journeyman Conventional Installer license	6210
<input type="radio"/>	Currently hold a Virginia Master Conventional Installer license	6215
<input type="checkbox"/>	B. Master* Alternative Installer - select <u>one</u> of the following:	
<input type="radio"/>	Do <u>not</u> hold a Virginia Installer license	1305
<input type="radio"/>	Currently hold a Virginia Journeyman Conventional Installer license	6305
<input type="radio"/>	Currently hold a Virginia Master Conventional Installer license	6305
<input type="radio"/>	Currently hold a Virginia Journeyman Alternative Installer 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 installer** license (if applicable)?

Virginia License Number 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 - -

Virginia DMV Control Number

➤ 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
				1944		

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 installer license?

No

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

1. Have 1 year of full-time experience* assisting with the installation of alternative onsite sewage systems **and** currently an employee, owner, director or officer of a properly licensed Virginia contractor with a sewage disposal system (SDS) specialty.

Virginia Contractor's License Number:

2	7										
---	---	--	--	--	--	--	--	--	--	--	--

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

2. Have 2 years of full-time experience* assisting with the installation 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: an alternative onsite soil evaluator, a master alternative onsite sewage system installer, 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 alternative** onsite sewage system installer license?

No

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

1. Have 2 years of full-time experience* installing alternative onsite sewage systems **and** currently an employee, owner, director or officer of a properly licensed Virginia contractor with a sewage disposal system (SDS) specialty.

Virginia Contractor's License Number:

2	7										
---	---	--	--	--	--	--	--	--	--	--	--

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

2. Have eighteen (18) months of full-time experience* installing alternative onsite sewage systems, 20 hours of Board approved training covering basic installation of alternative onsite sewage systems **and** currently an employee, owner, director or officer of a properly licensed Virginia contractor with a sewage disposal system (SDS) specialty.

Virginia Contractor's License Number:

2	7										
---	---	--	--	--	--	--	--	--	--	--	--

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

3. Have 3 years of full-time experience* installing alternative onsite sewage systems **and** 20 hours of Board approved training covering basic installation of alternative onsite sewage systems.

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

4. Have eighteen (18) months of full-time experience* installing alternative onsite sewage systems, **and** hold an expired interim alternative onsite sewage system installer license, or a current journeyman conventional, a master conventional or a journeyman alternative onsite sewage system installer license.

Virginia expired Interim license number:

1	9	3	2						
---	---	---	---	--	--	--	--	--	--

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

* *Experience Verification Form* must be verified by one or more of the following individuals: a journeyman or master alternative onsite soil evaluator, a master alternative onsite sewage system installer, 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 the **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** (except marijuana convictions)? *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 _____