Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8595



www.dpor.virginia.gov

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals

WATERWORKS OPERATOR - UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

> 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 **one** license type you are requesting:

	X	License Type	Trans	Fee	
		1955 - Licensed Waterworks Operator - Class 6	1005	\$100.00	1
		1955 - Unlicensed Waterworks Operator - Class 6 - ULR by exam	1005	\$100.00	1
		1955 - Licensed Waterworks Operator - Class 5	1006	\$100.00]
		1955 - Unlicensed Waterworks Operator - Class 5 - ULR by exam	1006	\$100.00	1
		1955 - Licensed Waterworks Operator - Class 4	1007	\$100.00	
		1955 - Unlicensed Waterworks Operator - Class 4 - ULR by exam	1007	\$100.00	
		1955 - Licensed Waterworks Operator - Class 3	1008	\$100.00	
		1955 - Unlicensed Waterworks Operator - Class 3 - ULR by exam	1008	\$100.00	
		1955 - Licensed Waterworks Operator - Class 2	1009	\$100.00	
		1955 - Unlicensed Waterworks Operator - Class 2 - ULR by exam	1009	\$100.00	
		1955 - Licensed Waterworks Operator - Class 1	1010	\$100.00	
		1955 - Unlicensed Waterworks Operator - Class 1 - ULR by exam	1010	\$100.00	
Regulation? No		a license and/or certificate issued by the Virginia Depa Yes it appears on your government issued ID or other legal docur			ssional and Occup

	Last (required)		First	(required)	Middle			Generation			
3.	Provide at leas	st <u>one</u> of the fo	llowing identifi	cation numbers*:							
	Social S	ecurity Numbe	r and		-] - [
	<u>Virginia</u>	DMV Control Nu	ımber							\neg	
	* State law red	quires every applica	nt for a license, cert	amination, previous appli ificate, registration or oth umber or a control number	er authorizat	ion to engag	e in a b	ousines	s, trade, p		or occupation issued
4.	Date of Birth	MM/DD/Y	YYYY	(Must be 18 years of	of age.)						
5.	Maiden or Fori	mer Name(s)									
6.		ss (PO Box acc ng address will be on the license.	. ,								
	pou			City					S	tate	Zip Code
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY#	1955	FIL	E #/LICE	ENSE#			ISSUE DATE

St	reet Address (PO Box PHYSICAL ADDRES	. ,	Check	here if Street Address is the <u>same</u>	e as the Mailing Ad	dress listed abo	ove.		
			City			State	Zip Code		
C	anta at Numbara		City			State	Zip Code		
Co	ontact Numbers	Primary Tele	ephone	Alternate Telephon	<u>e</u>				
Er	mail Address	Email addre	ess is considered	a public record and will be disc		lest from a thi	ird narty		
Ap	oplicants who hold a <u>c</u>			a public record and will be die	oloood apoli loqi	Joot Holli a all	na party.		
Α.	•	r <u>ent</u> (non-Virgini , skip to questio	,	ertificate issued by a reg	ulatory board	or governm	nent entity?		
В.	District of Columbia		rth Carolina, K estion 10C.	ng neighboring states: entucky, Tennessee, or \	West Virginia'	?			
C.	Columbia, Marylan	d, North Carolin	a, Kentucky, T	st 3 years? (excluding li ennessee, or West Virgi Jniversal license. You r	nia)		·		
D.	No If no licer Yes If y requ	o, you do not que application. es, did that suirements to obta o	ualify for the tate require yain this license.	alify for the Universal lic	may apply us education, tr	ing the Boaraining and	ard's exam and		
E.	Complete the following table and include all <u>current</u> and <u>expired</u> licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States. A Certification of Licensure/Letter of Good Standing* must be sent to the Board for Waterworks & Wastewater Works Operators & Onsite Sewage System Professionals and must be dated within the last 60 days from each jurisdiction.								
	State/Juriso	liction	License, Certifica	ion or Registration Number	Did you pass an examination	? Exp	iration Date		
					Yes				
					Yes				
					Yes				
					Yes 🗌				
					Yes				
					Yes 🗌				

• Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be emailed to waterwasteoper@dpor.virginia.gov, faxed to 877-340-9616, or mailed to: Board for Waterworks & Wastewater Works Operators & Onsite Sewage System Professionals, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

	Г.	applica No		e any uniesolveu compi	anns or investigations pending again	st you at the time y	ou submitted this
		Yes		If yes, please give a bri	ef description of this complaint/pendin	g investigation:	
Skip	to qu	estion #	<u>12.</u>				
11.	For			o do not hold a current			
	A.	Do you profess		c in a state, or jurisdiction	on of the United States (other than	Virginia) that does	not regulate your
		No		If no, you do not qualify application.	for the Universal license. You may a	pply using the Board	d's exam & license
		Yes		If yes, have you worked No If no, you	d in this profession for a least three year do not qualify for a Universal License am and license application.		ay apply using the
	B.	Have yo	ou ev	er passed an examination	n for this profession in any state or ten	ritory of the United S	tates?
		No			uired to take the Virginia examinati will be notified by the Board when they	•	•
		Yes		If yes, provide the follow	wing information about the examination	n:	
				State/Jurisdiction:	Dat	te of Examination	44440000
				Required Documentation: National/Board-approved ex	Attach a copy of a certificate or other docum amination.	entation showing succes	(MM/YYYY) Esful completion of the
	C.	List all	the sta	ates or jurisdictions of the	e United States where you have praction	ced this profession:	
							es of
	S		S	State/Jurisdiction	Profession/Occupation	Start (MM/YY)	rinished (MM/YY)
	D.	An <u>Exp</u>	eriend	ce Verification Form must	t be complete and submitted along wit	h this application. Is	one attached?
			erien		cated herehttps://www.dpor.virginia	.gov/sites/default/file	s/boards/
		WW	/WOC	DSSP/A436-19STATE_E	XP_pdt.pdt		

12.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? No Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>
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 <u>felony</u>? No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
	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)? 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 or 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 Waterworks and Wastewater Works Operators Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators Sewage System Professionals.
	Signature