

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
PROVISIONAL LICENSE HOLDERS ONLY - CHANGE IN CLASSIFICATION APPLICATION
No Fee Required

Provisional License Holders changing to a Waterworks/Wastewater Works Operator License.

X	1955 - Waterworks Operator License Type	X	1965 - Wastewater Works Operator License Type
<input type="checkbox"/>	Waterworks Operator – Class 6	<input type="checkbox"/>	Wastewater Works Operator – Class 4
<input type="checkbox"/>	Waterworks Operator – Class 5	<input type="checkbox"/>	Wastewater Works Operator – Class 3
<input type="checkbox"/>	Waterworks Operator – Class 4	<input type="checkbox"/>	Wastewater Works Operator – Class 2
<input type="checkbox"/>	Waterworks Operator – Class 3	<input type="checkbox"/>	Wastewater Works Operator – Class 1
<input type="checkbox"/>	Waterworks Operator – Class 2		
<input type="checkbox"/>	Waterworks Operator – Class 1		

- Provide your **current** or **expired** Virginia Provisional Waterworks or Provisional Wastewater Works Operator license (if applicable).

Virginia License Number

1	9								
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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

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			5019		19	

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. How many months and/or years of total experience do you have as a **Provisional Waterworks or Wastewater Works Operator**? Enter number of months and years below:

Required Attachments: Attach a completed [Experience Verification Form](#).

10. 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](#).

11. 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**?

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)?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

12. 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 *Waterworks and Wastewater Works Operators Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals*.

Signature

Date