

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals  
 EXPERIENCE VERIFICATION APPLICATION  
 Onsite 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 company named in #4.

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. Employer (company where experience was obtained) \_\_\_\_\_

5. Employer's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

6. Employee Status  Full-Time  
 Part-time Total Hours: \_\_\_\_\_ Total Days: \_\_\_\_\_

7. Time period in which experience was obtained: From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

8. Job Duties - Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work.  
 (If additional space is needed, you may continue on the last page)

Job Title	From MM/YY	To MM/YY	Hours of Work per Week
			Full-Time (more than 35 hrs/wk) <input type="checkbox"/> Part-Time (less than 35 hours/week) <input type="checkbox"/>
Description of Experience:			If part-time, average hours per week:

9. 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
<input type="checkbox"/> Journeyman Conventional Onsite Soil Evaluator	<input type="checkbox"/> Journeyman Alternative Onsite Soil Evaluator
<input type="checkbox"/> Master Conventional Onsite Soil Evaluator	<input type="checkbox"/> Master Alternative Onsite Soil Evaluator

10. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B:** To be completed by the Verifier.

*Verifier - This section is to be completed by the applicant's supervisor or an individual as required by the Board's regulations and stated in the License Application.*

*Complete items #11 through #24. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.*

11. Verifier's Name \_\_\_\_\_  
Last First Middle Generation

12. Verifier's Relationship to Applicant:  
 Supervisor  Employer  Other: \_\_\_\_\_

13. Type of Business \_\_\_\_\_

14. Current Position \_\_\_\_\_

15. Mailing Address \_\_\_\_\_  
City State Zip Code

16. Position held in (or in relationship to) the company listed in Section A.4. \_\_\_\_\_

17. Do you hold a current or expired license or certification in Virginia as a professional engineer, an authorized onsite soil evaluator (certified by VDH prior to July 1, 2009), or any master onsite sewage system professional license?  
 No   
 Yes  If yes, complete the following table and list your license, certifications, or registration.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

18. Does the company listed in Section A.4 hold a valid or expired contractor's license with an SDS specialty issued by the Virginia Board for Contractors?  
 No   
 Yes  If yes, provide your license number and expiration date below:

VA License Number 

2	7								
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 Expiration Date \_\_\_\_\_

19. Was the applicant employed during the time period indicated in Section A.7?  
 No  If no, clarify the dates: \_\_\_\_\_  
 Yes

20. To the best of your knowledge, did the applicant correctly describe his/her experience in Section A, question #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:

21. Was the applicant employed full-time (35 hours or more per week)?  
No  If no, how many hours did the applicant work each week? \_\_\_\_\_  
Yes
22. In your judgment, has the applicant's work been of a satisfactory quality? Please write a brief statement about the applicant in regard to this question.  
No   
Yes

23. Additional Comments:

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

Certifying Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_

Section A, Question #8: Job Description (continues):