

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

(Use only one verification application per experience.)

Section A: To be completed by the applicant only. Complete items #1-11, then forward this form to the Employer named in question #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. Applicant's Mailing Address _____

City State Zip Code

4. Employer's Facility/Employer's Name *

5. Employer's Facility/Employer's Address * _____

City State Zip Code

* Waterworks and Wastewater Works applicants must list the Facility name and address as noted on the permit issued by DEQ or VDH. If experience has been gained as an **interim or master alternative onsite sewage system operator**, provide the name and address where experience was obtained.

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. Do you hold a current or expired waterworks and wastewater works operator license?

No ☐

Yes ☐ If yes, provide your license number and expiration date below

VA License Number

1	9							
---	---	--	--	--	--	--	--	--

 Expiration Date _____

9. Do you hold an expired Interim or a current or expired Master Alternative Onsite Sewage System operator license?

No ☐

Yes ☐ If yes, provide your license number and expiration date below

VA Interim License No.

1	9	3	4					
---	---	---	---	--	--	--	--	--

VA Master Alternative License No.

1	9	4	2					
---	---	---	---	--	--	--	--	--

 Expiration Date _____

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

Waterworks Operator

or

Wastewater Works Operator

☐ Class 1 ☐ Class 3 ☐ Class 5
☐ Class 2 ☐ Class 4 ☐ Class 6

☐ Class 1 ☐ Class 3
☐ Class 2 ☐ Class 4

11. 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 other individual in responsible charge at the facility or employer's company listed in Section A4. For applicants who are self employed (Sole Proprietor), work experience must be verified by an independent third-party who has first-hand knowledge of the applicant's experience.*

Complete questions #12-20. Return for inclusion in his/her application package. Your prompt response is appreciated.

12. Was the applicant's experience gained at a **Waterworks Facility**?

No ☐

Yes ☐ If yes, provide the following information:

A. Facility VDH Permit Number: Facility Class _____

B. If facility has been reclassified, provide the date of reclassification: _____

13. Was the applicant's experience gained at a **Wastewater Works Facility**?

No ☐

Yes ☐ If yes, provide the following information:

A. Facility DEQ Permit Number Facility Class _____

B. If facility has been reclassified, provide the date of reclassification: _____

14. Was the applicant employed during the time period indicated in Section A.7?

No ☐ If no, clarify the dates: _____

Yes ☐

15. Was the applicant's experience during his/her employment period **solely** limited to the **operation and maintenance** of wastewater collection systems and water distributions systems, laboratory work, plant maintenance, and other nonoperating duties?

Yes ☐ If yes, these duties shall **not** be counted as experience as an operator or as an operator-in-training.

No ☐ If no, specify the applicant's duties below.

16. Was the applicant's experience during his/her employment period limited to **water distribution system** operation and maintenance?

No ☐

Yes ☐ If yes, the applicant's experience shall be only considered when applying for a Class 5 or Class 6 waterworks operator license.

17. Was the applicant's experience during his/her employment period related to the **operation and maintenance** of **Alternative Onsite Sewage Systems**?

No ☐

Yes ☐ If yes, the applicant's experience shall be only considered when applying for a Class 4 wastewater works operator license.

18. Verifier's Name/Supervisor's Name & Title _____

19. Certifying Supervisor's Virginia Operator License No. (if applicable):

Virginia License Number

1	9								
---	---	--	--	--	--	--	--	--	--

Expiration Date _____

20. I certify that the applicant has met the experience requirements of 18 VAC 160-30-95 of the Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations and that, to the best of my knowledge, all information provided on this form is true and accurate.

Certifying Supervisor's Signature _____ Date _____
or

Verifier's Signature _____ Date _____