



**Board for Contractors**

**BACKFLOW PREVENTION DEVICE WORKER CERTIFICATION APPLICATION**

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 method you are requesting for licensure:

| X                        | License by:  | Trans | Fee      |
|--------------------------|--|-------|----------|
| <input type="checkbox"/> | Exam Eligibility                                     | 1005  | \$130.00 |
| <input type="checkbox"/> | Exchange "local issued" card for State Certification | 1023  | \$95.00  |

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. Date of Birth \_\_\_\_\_ (Applicants must be 18 years of age or older.)  
MM/DD/YYYY

4. Mailing Address (PO Box accepted) \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license.  
 \_\_\_\_\_  
City State Zip Code

5. 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

6. Email Address \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

8. Employer's Name \_\_\_\_\_  
 Employer's Virginia Contractor's License No. (if available) 

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 Employer's Street Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

| OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------|------|-----|------------|----------|------------------|------------|
|                 |      |     |            |          | 2717             |            |

9. Do you hold a current Backflow Prevention Device Worker license, certification or registration issued by any (excluding Virginia) local, state or national regulatory body? This may be used to qualify you for the Virginia examination.
- No
- Yes  If yes, complete the following table. Attach a copy of each Certification of Licensure/Letter of Good Standing ♦ if you want this to be used to qualify you for the exam.

| State/Jurisdiction | Examination<br>Yes (Y) or No (N) | Examination Date<br>(if applicable) | License, Certification or<br>Registration No. | Expiration<br>Date |
|--------------------|----------------------------------|-------------------------------------|---|--------------------|
|                    |                                  |                                     |   |                    |
|                    |                                  |                                     |   |                    |
|                    |                                  |                                     |   |                    |

♦ 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 fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) **and** 5) all closed disciplinary actions resulting in violations or undetermined.

10. Are you applying for a Virginia Backflow Prevention Device Worker license by exchanging a Virginia card issued by a local governing body or the Virginia Department of Health prior to July 1, 1998?
- No
- Yes  If yes, you may exchange your locality issued card only once. Attach copy of card or certification. (Skip to question #12)
11. Have you been approved by a local governing body prior to July 1, 1998 to perform backflow prevention devices work?
- No
- Yes  If yes, this may qualify you to be exempt from the examination. Include a letter from the local governing body attesting to your level of expertise in the backflow prevention device work.
12. Which of the following requirements have you met in order to qualify for the backflow prevention device worker certification examination? Check only **one**.
- Four years of practical experience in water distribution systems and 40 hours of formal vocational training in a school approved by the Board for Contractors. Board approved school list provided on Board website at [www.dpor.virginia.gov/](http://www.dpor.virginia.gov/).
- Required attachments: Attach a completed Tradesman Individual Experience Form and certification(s) of completion or official transcript(s).*
- Seven or more years of practical experience in the trade and 16 hours of formal vocational training in a school approved by the Board for Contractors. Board approved school list provided on Board website at [www.dpor.virginia.gov/](http://www.dpor.virginia.gov/).
- Required attachments: Attach a completed Tradesman Individual Experience Form and certification(s) of completion or official transcript(s).*
13. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
14. A. Have you ever been convicted in any jurisdiction of a **felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes  If yes, provide the information requested in #14.C.
- B. Have you ever been convicted in any jurisdiction of a **misdemeanor**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes  If yes, provide the information requested in #14.C.

- C. If you answered "yes" to either question #14.A. or #14.B., list the **felony** and/or **misdemeanor conviction(s)**. Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must obtain a complete criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

Note: *If you have submitted the required documentation to the Virginia Board for Contractors with a previous application, which resulted in the issuance of a Tradesman or Contractors License, and you do not have any additional felony or misdemeanor convictions, you do not have to submit the information listed above in question #13.C.*

*Instead, you must submit a document included with this application that includes 1) Tradesman or Contractors License Number(s) which were issued following the Board's review of the same criminal conviction documents; 2) a statement that you have not been convicted of any additional felonies and misdemeanors, 3) the date, and 4) your signature.*

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18-VAC-50-30-30.7 of the *Board for Contractors Individual License and Certification Regulations* states, "Each non-resident applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where service is required, the director of the department will mail the court document to the individual at the address of record."

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor (in any jurisdiction) prior to the receipt of the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Individual License and Certification Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_