

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 WAIVER OF EXAMINATION - MASTER CONVENTIONAL ONSITE SEWAGE SYSTEM
 OPERATOR LICENSE APPLICATION
 Fee \$100.00**

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.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)	First (required)	Middle	Generation
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2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

[]	[]	[]	-	[]	[]	-	[]	[]	[]
-----	-----	-----	---	-----	-----	---	-----	-----	-----

Virginia DMV Control Number

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

➤ 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
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6. Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City	State	Zip Code
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7. Contact Numbers _____

Primary Telephone	Alternate Telephone	Fax
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8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

9. Have you been actively engaged in performing the duties of a conventional onsite sewage system operator for at least four (4) years?

No If no, **YOU CAN NOT PROCEED WITH THIS APPLICATION.** Complete the [Conventional or Alternative Onsite Sewage System Operator - License Application](#) available at www.dpor.virginia.gov.

Yes If yes, attach a completed [Experience Verification Form for Exam Waiver](#) (included in this application package). The [Experience Verification Form for Exam Waiver](#) must provide documentation certifying that the applicant has been actively engaged in performing the duties of a Conventional Onsite Sewage System Operator for at least four (4) years. Verification must be provided by one (1) or more of the following individuals:

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1025		1942	

- 1) a licensed master conventional or alternative onsite soil evaluator;
- 2) a licensed master conventional or alternative onsite sewage system operator;
- 3) a Virginia licensed professional engineer; or
- 4) an Authorized onsite soil evaluator.

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**? Any plea of nolo contendere shall be considered a conviction.

No

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

B. Have you ever 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**? Any plea of nolo contendere shall be considered a conviction.

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

Signature _____ Date _____

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
 CONVENTIONAL ONSITE SEWAGE SYSTEM OPERATOR - EXPERIENCE VERIFICATION FORM FOR
 WAIVER OF EXAMINATION**

(Use one verification form per experience)

Section A: To be completed by the applicant only.

Applicant - Complete items #1 through #9, then forward this form to the verifier to complete Section B. After verifier has completed Section B, the original and one copy of each completed verification form must be included in this application package.

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/ week) <input type="checkbox"/>	If part-time, average hours per week:
			Part-Time (less than 35 hours/week) <input type="checkbox"/>	

Description of Experience:

9. I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.

Applicant's Signature _____ Date _____

Section B: To be completed by the Verifier.

Verifier - This section is to be completed by an individual qualified to attest to the applicant's experience either observed or direct supervisor. Complete items #10 through #20. Your prompt response is appreciated.

10. Verifier's Name _____
Last First Middle Generation

11. Section B is to be completed by one of the following individuals listed below. Select from the options below and list your license/certification number and expiration date (if applicable):

Licensed Master Conventional/Alternative Onsite Soil Evaluator
Virginia Evaluator License Number

1	9	4	0						
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 Exp. Date _____

Licensed Master Conventional/Alternative Onsite Sewage System Operator
Virginia Operator License Number

1	9	4	2						
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 Exp. Date _____

Authorized onsite soil evaluator
VDH (AOSE) Certification Number: _____

Virginia licensed Professional Engineer.
Virginia PE License Number

0	4	0	2						
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 Exp. Date _____

12. Verifier's Type of Business _____

13. Verifier's Current Position _____

14. Verifier's Mailing Address _____

City _____ State _____ Zip Code _____

15. Verifier's Contact Number _____
Primary Telephone

16. What is your relationship with the applicant? _____

17. Provide the dates that the experience was obtained:
Start Date: _____ End Date: _____

18. 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:

19. Additional Comments:

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

Verifier's Signature _____ Date _____

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