

**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals**  
**PROVISIONAL DESCRIPTION & EXPERIENCE VERIFICATION APPLICATION**  
**Provisional 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 Facility Name (where experience was obtained) \_\_\_\_\_

5. Employer Facility 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. Check the type of license your requesting: (only one license type per form)

Provisional Waterworks Operator		or	Provisional Wastewater Works Operator	
<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 4		<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 3
<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 5		<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 4
<input type="checkbox"/> Class 3	<input type="checkbox"/> Class 6			

9. 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 listed in Section A4.*

*Complete items #10 through #16. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.*

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

No  If no, clarify the dates: \_\_\_\_\_  
Yes

11. **Waterworks Facilities:**

Design Hydraulic Capacity: \_\_\_\_\_ MGD Number of persons served: \_\_\_\_\_

Treatment Methods Used (check ALL that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Slow sand filtration _____ gpm/square foot      | <input type="checkbox"/> Membrane technology * without pretreatment                                      |
| <input type="checkbox"/> Biological activated carbon contactors          | <input type="checkbox"/> Membrane technology * requiring pretreatment <b>consisting</b> of pH adjustment |
| <input type="checkbox"/> Aeration  | <input type="checkbox"/> Membrane technology * requiring pretreatment <b>other than</b> pH adjustment    |
| <input type="checkbox"/> Rechlorination other than with hypochlorination | <input type="checkbox"/> Corrosion control   |
| <input type="checkbox"/> Activated carbon contactors                     | <input type="checkbox"/> Disinfection other than hypochlorination  |
| <input type="checkbox"/> Iron and Manganese removal                      | <input type="checkbox"/> Hypochlorination  |
| <input type="checkbox"/> Ion exchange                                    | <input type="checkbox"/> No Treatment  |

Chemical coagulation or lime softening in combination with:

- |  |  |
|--|--|
| <input type="checkbox"/> Sedimentation                               | <input type="checkbox"/> Aeration                |
| <input type="checkbox"/> Rapid sand filtration _____ gpm/square foot | <input type="checkbox"/> Corrosion control       |
| <input type="checkbox"/> Fluoridation                                | <input type="checkbox"/> Membrane technologies * |
| <input type="checkbox"/> Disinfection                                |  |

\* "Membrane technologies" includes electrical dialysis reversal, reverse osmosis, ultra filtration, micro filtration, and nano filtration.

Chemical coagulation or lime softening coupled with multimedia granular filtration or granular filtration at rates above 2.0 gpm/square foot in combination with:

- |  |  |
|--|--|
| <input type="checkbox"/> Sedimentation                         | <input type="checkbox"/> Aeration          |
| <input type="checkbox"/> Fluoridation (continued on next page) | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Disinfection                          |  |

Diatomaceous earth filtration coupled with:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Aeration          | <input type="checkbox"/> Disinfection |
| <input type="checkbox"/> Corrosion control | <input type="checkbox"/> Fluoridation |

12. **Wastewater Facilities:**

Design Hydraulic Capacity: \_\_\_\_\_ MGD

Treatment Methods Used (check all that apply)

Natural treatment methods \*\*

Biological treatment methods consisting of:

- Suspended growth reactors
- Aerated lagoons
- Constructed wetlands
- Biological filters or other attached growth contractors
- Processes using biological nutrient control
- Processes utilizing land application

Advanced waste treatment methods consisting of:

- Ammonia stripping
- Breakpoint chlorination
- Carbon absorption
- Chemical coagulation
- Flocculation
- Precipitation
- Filtration
- Demineralization \*\*\*

\*\* Those not utilizing aerated or mixed flows and not using electrical or outside energy sources to accomplish treatment

\*\*\* Ion exchange, reverse osmosis or electrodialysis

13. 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?

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

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

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

No

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

15. Certifying Supervisor's Virginia Operator License No.:

Virginia License Number 

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Expiration Date \_\_\_\_\_

16. I certify that the applicant has met the experience requirements of [18 VAC 160-20-90](#) & [18 VAC 160-20-95](#) of the Board for Waterworks and Wastewater Works Operator and Onsite Sewage System Professionals Regulations and that, to the best of my knowledge, all information provided on this form is true and accurate.

Print Supervisor's Name & Title \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_