Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8595



www.dpor.virginia.gov

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals PROVISIONAL WASTEWATER WORKS OPERATOR LICENSE APPLICATION Fee \$100.00

Initial

Upgrade

Trans

1005

Trans

PROVISIONAL WASTEWATER APPLICANTS ONLY

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the one class type you are requesting:

License Type

Provisional Wastewater Works Operator - Class 4

		Provisional Wa	astewater Work	ks Operator - Class 3		1006		5006		
		Provisional Wa	astewater Work	ks Operator - Class 2		1007		5007		
		Provisional Wa	astewater Work	s Operator - Class 1		1008		5008		
1.	Provide your c	<u>current</u> * or <u>expi</u>	red** Virginia	Provisional Wastev	vater Works	s Operat	or licens	e (if appli	icable):	
	Virginia Lice	ense Number	1 9 6 5	5		Expiration	on Date _			
	* Per the r	regulations 18 VAC	<u>C 160-30-90.B</u> no	o licensee shall hold two	licenses of d	lifferent cla	assification	ns in the sa	me cateç	gory.
	** Any licer requirem		reinstatement the	eir license within a 12 ı	nonths period	t must rea	apply as a	new applic	ant and	meet the current
2.	Full Legal Nar	ne (As it appea	ars on your gov	vernment issued ID or	other legal	documen	itation.)			
	Last (required)		First	(required)		Middle				Generation
3.	Provide at lea	st one of the fo	ollowing identif	fication numbers*:						
		Security Number					-		7	
	— □	DMV Control Nu	ımhor		<u> </u>			$\frac{}{}$	_ 	
	_ •						,, ,	<u> </u>	_	
				xamination, previous applic rtificate, registration or othe			•		ofaccion o	r occupation issued
				number or a control number						1 Оссиранон іззиси
4.	Date of Birth		(1)	Must be at least 18 ye	ars of age.)					
		MM/DD/Y		,	,					
5.	Maiden or For	mer Name(s)								
6.	Mailing Addre	ss (PO Box acc	cepted)							
		ing address will be	:							
	printea	d on the license.		City				Sta	te —	Zip Code
7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed about					ited above	Э.				
PHYSICAL ADDRESS REQUIRED										
				City				Sta	te	Zip Code
	DATE	FEE	TRANS CODE	ENTITY#		FILE	#/LICENSE #			ISSUE DATE
OFFICE USE	B/IIIE		THURS GGDE		1965		#/EIOENOE #			10002 57112
ONLY					1900					

8.	Contact Numbers			
		Primary Telephone	Alternate Telephone	Fax
9.	Email Address			
			a public record and will be disclosed upon req	• •
10.	experience shall be fr	om a NON-CLASSIFIED facility.	quirements are you using to qualif	y for the examination? All
	A. Class 4 Provision	al Wastewater Operator applicant	<u>s only:</u>	
	training o higher.	•	months of experience working as omparable in size and treatment process. Experience Verification Form.	
	☐ Have a high	school diploma and at least 3	months of experience as a licensed	d master alternative onsite
	sewage syst	tem operator license. Provide your	r license information below:	
	VA Alte	rnative License No. 1 9 4 2	2 Expiration	n Date
	Required	Attachments: Attach a completed i		
	training of a higher.		5 months of experience working as nparable in size and treatment process. Experience Verification Form.	
	☐ Have no hig	uh school diploma and at least 6	months of experience as a license	d master alternative onsite
		tem operator license. Provide your	•	<u></u>
		rnative License No. 1 9 4 2	2 Expiration	n Date
	Required	Attachments: Attach a completed i		
	D. Class 2. Dravision	al Maatawatar Operator applicant	o only	
		al Wastewater Operator applicant	•	
	training of a higher.	non-classified facility that is con	B months of experience working as nparable in size and treatment proce Experience Verification Form and an o	ess as a Class 4 facility or
	working as treatment pr	an operator or operator-in-training ocess as a Class 4 facility or high	s of experience (with 1-1/2 months ng of a non-classified facility that i er. Experience Verification Form and and	is comparable in size and
	Have a high working as treatment pr	school diploma or GED <u>and</u> 6 i	months of experience (with 3 monthing of a non-classified facility that ler.	s allowed for substitutions)
	months allow is comparab	•		•

C. <u>Class 2</u>	Provisional Wastewater Operator applicants only:
W	ave a bachelor's or master's degree <u>and</u> 6 months of experience (with 3 months allowed for substitutions) orking as an operator or operator-in-training of a non-classified facility that is comparable in size and eatment process as a Class 3 facility or higher. *Required Attachments: Attach a completed *Experience Verification Form* and an official college transcript.
as	ave an associates degree <u>and</u> 9 months of experience (with 4-1/2 months allowed for substitutions) working an operator or operator-in-training of a non-classified facility that is comparable in size and treatment ocess as a Class 3 facility or higher.
wo	Required Attachments: Attach a completed <u>Experience Verification Form</u> and an official college transcript. ave a high school diploma or GED <u>and</u> 1 years of experience (with 6 months allowed for substitutions) orking as an operator or operator-in-training of a non-classified facility that is comparable in size and eatment process as a Class 3 facility or higher. Required Attachments: Attach a completed <u>Experience Verification Form</u> .
m	ave no high school diploma or GED, a Provisional Class 3 license, and 2-1/2 years of experience (with 9 onths allowed for substitutions) working as an operator or operator-in-training of a non-classified facility that comparable in size and treatment process as a Class 2 facility or higher. Required Attachments: Attach a completed Experience Verification Form.
D. <u>Class 1</u>	Provisional Wastewater Operator applicants only:
all	ave a bachelor's or master's degree, a Provisional Class 2 license <u>and</u> 1 years of experience (with 6 months lowed for substitutions) working as an operator or operator-in-training of a non-classified facility that is imparable in size and treatment process as a Class 2 facility or higher. *Required Attachments: Attach a completed *Experience Verification Form* and attach an official college transcript.
all	ave an associates degree, a Provisional Class 2 license <u>and</u> 1-1/2 years of experience (with 9 months lowed for substitutions) working as an operator or operator-in-training of a non-classified facility that is imparable in size and treatment process as a Class 2 facility or higher. Required Attachments: Attach a completed <u>Experience Verification Form</u> and attach an official college transcript.
all	ave a high school diploma or GED, a Provisional Class 2 license <u>and</u> 2 years of experience (with 1 years lowed for substitutions) working as an operator or operator-in-training of a non-classified facility that is imparable in size and treatment process as a Class 2 facility or higher. *Required Attachments: Attach a completed *Experience Verification Form*.
ye	ave no high school diploma or GED, a Provisional Class 2 license <u>and</u> 4-1/2 years of experience (with 2 ears and 3 months allowed for substitutions) working as an operator or operator-in-training of a non-assified facility that is comparable in size and treatment process as a Class 2 facility or higher. *Required Attachments: Attach a completed *Experience Verification Form*.
For Provis	ional Class 3, Class 2, or Class 1 applicants <u>only</u> :
the ca	you completed any board approved <u>training</u> courses, seminars, workshops or similar training relevant to ategory and classification of the license being applied for? (Exceptions noted in the Boards regulations 18 160-30-280.)
Yes	If yes, please complete an <u>Education & Training Substitution Form</u> .
enviro opera No	
Yes	If yes, please complete an <u>Education & Training Substitution Form</u> .

11.

12.	Have	you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, s	ate or national regulatory			
	body?					
	No					
	Yes	If yes, complete the <u>Disciplinary Action Reporting Form</u> .				
13.		Have you ever been convicted or found guilty, regardless of the manner of adjudication United States of any felony? Any plea of nolo contendere shall be considered a convict	3 2			
		No 🗆				
		Yes If yes, complete the Criminal Conviction Reporting Form.				
	ι	Have you been convicted or found guilty, regardless of the manner of adjudication, United States of any <u>misdemeanor</u> within the last three years? Any plea of reconsidered a conviction.				
		No				
		Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>				
14.	By signing this application, I certify the following statements:					
	, ,	I am aware that submitting false information or omitting pertinent or material information 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 requested license, certification, or registration including, but not limited to any disciplinate a felony or misdemeanor (in any jurisdiction).				
	•	I authorize the Department to verify information concerning me or any statement in person, or any source the department may contact. I also agree to present any or required or requested by the Department.	11			
	•	I authorize any federal, state or local government agency, current or former employ business to release information which may be required for a background investigation.	er, or other individual or			
	•	I have read, understand and complied with all the laws of Virginia related to this profes of Title 54.1, Chapter 23, of the <i>Code of Virginia</i> and the <i>Waterworks and Waste Licensing Regulations of the Virginia Board for Waterworks and Wastewater Work Sewage System Professionals</i> .	ewater Works Operators			
		Signature	Date			