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 OUT-OF-STATE FACILITY DESCRIPTION & EXPERIENCE VERIFICATION APPLICATION No Fee Required

(Complete one form per license, per state)

Instructions:

This form should be completed by applicants who holds a valid (unexpired) out-of-state-license or certification. This form must be signed by the applicant's immediate supervisor verifying applicant's experience from the facility listed in question #3. An original Certification of Licensure/Letter of Good Standing (dated within the last 60 days) must be included with your exam application.

1.	Name									
	Last		First		Middle	Generation				
2.	Dates of Employment	From:		To:						
			MM/DD/YYYY		MM/DD/YYYY					
3.	Facility Name									
4.	Facility Street Address									
		City			State	Zip Code				
5.	Applicant's Signature				Da	te				
6.	Waterworks Facilities	:								
	Design Hydraulic Cap	acity:		_ MGD Nu	mber of persons served: _					
Treatment Methods Used (check ALL that apply)										
	Slow sand filtration	gpm/square foot	Memb	orane technology	y * without pretreatment					
	Biological activated carbon contactors Membrane technology * requiring pretreatment consisting of pH adjustment									
	Aeration	Memb	Membrane technology * requiring pretreatment other than pH adjustment							
	Rechlorination other than with hypochlorination		Corro	Corrosion control						
	Activated carbon contactors		Disinfection other than hypochlorination							
	Iron and Manganese removal		Нурос	Hypochlorination						
	lon exchange		☐ No Tr	No Treatment						
Chem	nical coagulation or lime s	softening in com	oination with:							
	Sedimentation		Aerati	on						
$\overline{\Box}$	Rapid sand filtration	gpm/square foot	Corro	sion control						
\Box	Fluoridation		Memb	orane technologi	es *					
	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/										
	e foot in combination with			-	-	.				
	Sedimentation		Aerati	on						
	Fluoridation (continued on ne	xt page)	Corro	sion control						
П	Disinfection									

Aeration Disinfection Fluoridation Pluoridation Fluoridation Fluoridati	Diator	maceous earth filtration coupled with:								
7. 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 Biltration 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 8. Supervisor's Name Last First Middle Ceneration 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.		Aeration Disinfection								
Design Hydraulic Capacity:		Corrosion control Fluoridation								
Design Hydraulic Capacity:	7 Wastewater Facilities:									
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 8. Supervisor's Name Last First Middle Generation 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.			MCD							
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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 8. Supervisor's Name Last First Middle Generation 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.		Ammonia stripping								
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 8. Supervisor's Name Last First Middle Generation 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.		Breakpoint chlorination								
Flocculation Precipitation 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 8. Supervisor's Name Last First Middle Generation 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.		Carbon absorption								
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 8. Supervisor's Name Last First Middle Generation 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.		Chemical coagulation								
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 8. Supervisor's Name Last First Middle Generation 9. Supervisor's Contact Numbers Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.										
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Primary Telephone Alternate Telephone Fax 10. I certify, to the best of my knowledge all information provided on this form is true and accurate.	9.	Supervisor's Contact Numbers								
			Primary Telephone	Alternate Telephone	Fax					
Supervisor's Signature Date	10.	I certify, to the best of my knowledge	all information provided	on this form is true and accurat	re.					
		Supervisor's Signature		Date						