



**Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals  
 VIRGINIA EXPERIENCE VERIFICATION APPLICATION  
 Waterworks and Wastewater Works Operators Applicants only**

(Use only one verification application per experience.)

**Section A:** To be completed by the applicant only. Complete items #1 through #11, then forward this form to the Employer named in question #4.

1. Name \_\_\_\_\_  
 Last First Middle Generation

2. Provide **one** of the following identification numbers.  
 Social Security Number or  Virginia DMV Control Number\* 

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\* 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. Applicant's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

4. Employer's Facility/Employer's Name \* \_\_\_\_\_

5. Employer's Facility/Employer' Address \* \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

\* Waterworks and Wastewater Works applicants must list the Facility name and address as noted on the permit issued by DEQ or VDH. If experience has been gained as an **interim or master alternative onsite sewage system operator**, provide the name and address where experience was obtained.

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. Do you hold a current or expired waterworks and wastewater works operator license?  
 No   
 Yes  If yes, provide your license number and expiration date below  
 VA License Number 

1	9						
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 Expiration Date \_\_\_\_\_

9. Do you hold an expired Interim or a current or expired Master Alternative Onsite Sewage System operator license?  
 No   
 Yes  If yes, provide your license number and expiration date below  
 VA *Interim* License No. 

1	9	3	4				
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 VA *Master Alternative* License No. 

1	9	4	2				
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 Expiration Date \_\_\_\_\_

10. Check the type of license you are requesting: (only one license type per form)  
 Waterworks Operator or Wastewater Works Operator  
 Class 1  Class 3  Class 5  Class 1  Class 3  
 Class 2  Class 4  Class 6  Class 2  Class 4

11. 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 or employer's company listed in Section A4. For applicants who are self employed (Sole Proprietor), work experience must be verified by an independent third-party who has first-hand knowledge of the applicant's experience.*

*Complete questions #12 - #20. Return for inclusion in his/her application package. Your prompt response is appreciated.*

12. Was the applicant's experience gained at a **Waterworks Facility**?
- No
- Yes  If yes, provide the following information:
- A. Facility VDH Permit Number:  Facility Class \_\_\_\_\_
- B. If facility has been reclassified, provide the date of reclassification: \_\_\_\_\_

13. Was the applicant's experience gained at a **Wastewater Works Facility**?
- No
- Yes  If yes, provide the following information:
- A. Facility DEQ Permit Number  Facility Class \_\_\_\_\_
- B. If facility has been reclassified, provide the date of reclassification: \_\_\_\_\_

14. Was the applicant employed during the time period indicated in Section A.7?
- No  If no, clarify the dates: \_\_\_\_\_
- Yes

15. 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?
- Yes  If yes, these duties shall **not** be counted as experience as an operator or as an operator-in-training.
- No  If no, specify the applicant's duties below.

16. Was the applicant's experience during his/her employment period limited to **water distribution system** operation and maintenance?
- No
- Yes  If yes, the applicant's experience shall be only considered when applying for a Class 5 or Class 6 waterworks operator license.

17. Was the applicant's experience during his/her employment period related to the **operation and maintenance of Alternative Onsite Sewage Systems**?
- No
- Yes  If yes, the applicant's experience shall be only considered when applying for a Class 4 wastewater works operator license.

18. Verifier's Name/Supervisor's Name & Title \_\_\_\_\_

19. Certifying Supervisor's Virginia Operator License No. (if applicable):

Virginia License Number  Expiration Date \_\_\_\_\_

20. I certify that the applicant has met the experience requirements of [18 VAC 160-30-90](#) of the Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations and that, to the best of my knowledge, all information provided on this form is true and accurate.

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

or

Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_