

Department of Professional and Occupational Regulation

Board for Waterworks and Wastewater Works Operators and **Onsite Sewage System Professionals** WATERWORKS OPERATOR - UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION

 \geq DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

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.

Select **<u>one</u>** license type you are requesting:

Χ	License Type	Trans	Fee
	1955 - Licensed Waterworks Operator - Class 6	1005	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 6 - ULR by exam	1005	\$100.00
	1955 - Licensed Waterworks Operator - Class 5	1006	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 5 - ULR by exam	1006	\$100.00
	1955 - Licensed Waterworks Operator - Class 4	1007	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 4 - ULR by exam	1007	\$100.00
	1955 - Licensed Waterworks Operator - Class 3	1008	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 3 - ULR by exam	1008	\$100.00
	1955 - Licensed Waterworks Operator - Class 2	1009	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 2 - ULR by exam	1009	\$100.00
	1955 - Licensed Waterworks Operator - Class 1	1010	\$100.00
	1955 - Unlicensed Waterworks Operator - Class 1 - ULR by exam	1010	\$100.00

- Have you ever held a license and/or certificate issued by the Virginia Department of Professional and Occupational 1. Regulation? No Yes
- 2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required)		First (re	equired)	Middle		Generation
	Provide at least	<u>one</u> of the fo	ollowing identification	ation numbers*:			
	Social Se	curity Numbe	r and				
	<u>Virginia</u> D	MV Control N	umber				
	* State law requ	uires every applica	ant for a license, certifi	cate, registration or other	tions or licenses on file with the departm authorization to engage in a business, t issued by the <u>Virginia</u> Department of M	rade, profession	or occupation issued
•	Date of Birth	MM/DD/		Must be 18 years of	age.)		
	Maiden or Form	ner Name(s)					
	Mailing Address	s (PO Box ac	cepted)				
•		g address will be on the license	;				
		g address will be on the license.	_	ity		State	Zip Code

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7.	Stre	et Address (PO E PHYSICAL ADDF	Box <u>not</u> accepted RESS REQUIRED		here if Street Address is the <u>same</u>	e as the Mailing Addr	ess listed abov	е.
				City			State	Zip Code
8.	Con	ntact Numbers	Primary Te	lenhone	Alternate Telephon	<u>م</u>		
9.	Fm	ail Address	T findary re	iophone -		0		
0.	_		Email add	ress is considered	a public record and will be dis	closed upon reque	st from a third	d party.
10.	Арр	licants who hold	a <u>current</u> license/	certificate:				
	A.	 A. Do you hold a <u>current</u> (non-Virginia) license or certificate issued by a regulatory board or government entity? No If no, skip to question #11. Yes 						
	В.	District of Colur No 🗌 It	current license in one of the following neighboring states: mbia, Maryland, North Carolina, Kentucky, Tennessee, or West Virginia? If no, continue to question 10C. If yes, skip to question 10E.					
	C.	Columbia, Mary No 🗌 If	land, North Caroli	na, Kentucky, T qualify for the I	st 3 years? (excluding li ennessee, or West Virgi Jniversal license. You r	nia)		
	D.	No 🗌 II Ii Yes 🗌 II	t state or your state of original licensure/certification require you to pass an examination? f no, you do not qualify for the Universal license. You may apply using the Board's exam and cense application. f yes, did that state require you to complete any education, training and/or experience equirements to obtain this license/certificate? No If no, you do not qualify for the Universal license. You may apply using the Board's exam and license application. Yes					
	E.	state, territory, A <i>Certification</i>	possession, or juri of Licensure/Lette	sdiction of the L or of Good Stan	r <u>rent</u> and <u>expired</u> licen: Inited States. <i>ding</i> [*] must be sent to th ressionals and must be o	ne Board for W	/aterworks	& Wastewater
		State/Ju	urisdiction	License, Certifica	tion or Registration Number	Did you pass an examination?	Expir	ation Date
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		

• Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

> Certification can be emailed to <u>waterwasteoper@dpor.virginia.gov</u>, faxed to 877-340-9616, or mailed to: Board for Waterworks & Wastewater Works Operators & Onsite Sewage System Professionals,

9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

Yes 🗌

F.	Do you have	any	unresolved	complaints	or	investigations	pending	against	you	at t	the	time	you	submitted	this
	application?														

No	

Yes If yes, please give a brief description of this complaint/pending investigation:

Skip to question #12.

- 11. For applicants who <u>do not hold a current</u> license or certificate.
 - A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does <u>not regulate</u> your profession?
 - No If no, you do not qualify for the Universal license. You may apply using the Board's exam & license application.
 - Yes I fyes, have you worked in this profession for a least three years?
 - No If no, you do not qualify for a Universal License at this time. You may apply using the Board's exam and license application.
 - Yes 🗌
 - B. Have you ever passed an examination for this profession in any state or territory of the United States?
 - No If no, you **will** be required to take the Virginia examination upon the Board's review of your application. Applicant will be notified by the Board when they are eligible to sit for the examination.
 - Yes \Box If yes, provide the following information about the examination:

State/Jurisdiction:

Date of Examination

(MM/YYYY)

Required Documentation: Attach a copy of a certificate or other documentation showing successful completion of the National/Board-approved examination.

C. List all the states or jurisdictions of the United States where you have practiced this profession:

State/Jurisdiction	Profession/Occupation		Dates of mployment			
		Start (MM/YY)	Finished (MM/YY)			

D. An *Experience Verification Form* must be complete and submitted along with this application. Is one attached?

No Yes > <u>Experience Verification Form</u> is located here - .https://www.dpor.virginia.gov/sites/default/files/boards/ WWWOOSSP/A436-19STATE_EXP_pdf.pdf

- 12. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes 🔲 If yes, complete the Disciplinary Action Reporting Form.
- 13.. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.
 - No

- Yes If yes, complete the Criminal Conviction Reporting Form.
- B. Have you 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** (except marijuana convictions)? *Any plea of nolo contendere shall be considered a conviction.*

No	
110	

- Yes If yes, complete the Criminal Conviction Reporting Form.
- 14. 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 Waterworks and Wastewater Works Operators Licensing Regulations of the Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals.

Signature

Date