



Board for Waste Management Facility Operators
EDUCATION VERIFICATION FORM

Instructions:

Section A: To be completed by the applicant.

Section B: To be completed by the educational institution listed in **Section A #7** and returned to the Virginia Board for Waste Management Facility Operators at the address printed above. An official school transcript may be substituted for this form.

Section A

1. Name _____
Last First Middle Generation

2. Provide **one** of the following:

Social Security No. or Virginia DMV Control No. *

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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. Date of Birth _____ (Must be 18 years of age.)
MM/DD/YY

4. Maiden Name or Former Surname(s) _____

5. Mailing Address (PO Box accepted) _____

City State Zip Code

6. Contact Numbers _____
Primary Telephone Alternate Telephone Facsimile

7. Name of Educational Institution _____

8. Dates Attended From _____ To _____
MM/DD/YYYY MM/DD/YYYY

9. Applicant's Signature _____ Date _____

Section B

Certification

I hereby certify that the individual named in Section A #1 has graduated from this school/institution.

Diploma/Degree Received _____

Date Received _____

Signature _____

Official Title _____

Contact Numbers _____

Affix Official Seal Here