

Board for Waste Management Facility Operators
EXPERIENCE VERIFICATION FORM
No Fee Required

Instructions:

- Section A: To be completed by the applicant
Section B: To be completed by the supervisor or personnel officer from the employer listed in on this application and returned to Virginia Board for Waste Management Facility Operators at the address printed above. **Additional forms should be completed for each employer verifying your experience.** Individuals who are under contract with a facility owner may obtain a letter for verification or have this form completed by the facility owner

Section A

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. Mailing Address (PO Box accepted) _____
If a mailing address is submitted, the mailing address will be printed on the license.
City _____ State _____ Zip Code _____
4. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
 Check here if Street Address is the same as the Mailing Address listed above.
City _____ State _____ Zip Code _____
5. Contact Numbers _____
Primary Telephone Alternate Telephone Fax
6. Employer's Name _____
7. Employer's Street Address _____
City _____ State _____ Zip Code _____
8. Job Title _____
9. Dates of Employment From _____ To _____
MM/DD/YYYY MM/DD/YYYY
10. Describe your daily job activities in detail. Include how much time you spend at the site, your duties, and how many individuals you supervise. Inadequate job description will be returned for additional information.
11. Signature _____ Date _____

Section B

12. Is/was the applicant employed during the time period indicated on this application?
No If no, when was the applicant employed? _____
Yes
13. Is the job description on this application accurate and complete?
No If no, what changes should be made? _____
Yes
14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that may affect the decision to approve this application.

Certifying Supervisor's Name and Title _____

Certifying Supervisor's Signature _____ Date _____