

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

(Use only *one* verification application per experience.)

**Section A:** To be completed by the applicant only. Complete items #1 through #9, then forward this form to the individual who will verify the experience.

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

2. Provide **one** of the following identification numbers\*:  
 Social Security Number or  Virginia DMV Control Number  -  -   
 \* 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 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

4. Check the type of license you are requesting: (only one license type per form)  
 **Journeyman Conventional** Onsite Soil Evaluator       **Journeyman Alternative** Onsite Soil Evaluator  
 **Master Conventional** Onsite Soil Evaluator       **Master Alternative** Onsite Soil Evaluator

5. Employer (company where experience was obtained) \_\_\_\_\_

6. Employer's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

7. Provide the following information for the *experience being verified*:

A. Job Title \_\_\_\_\_

B. Time period in which the experience was obtained: Start Date \_\_\_\_\_ - End Date \_\_\_\_\_  
 MM/YY MM/YY

C. Employment Type:  Full time  
 Part-time Total Hours: \_\_\_\_\_ Total Number of Days: \_\_\_\_\_

D. Select the appropriate category for the experience gained during the time frame listed above. Also provide the percentage of time spent in the category selected:

	Category	Experience Gained (check all that apply)	% of Time
<input type="checkbox"/>	System Design:	<input type="checkbox"/> Trenches	
		<input type="checkbox"/> Gravity	
		<input type="checkbox"/> Pump to Gravity	
		<input type="checkbox"/> Pad	
		<input type="checkbox"/> Other:	

X	Category	Experience Gained (check all that apply)	% of Time
		(explain)	
<input type="checkbox"/>	Treatment:	<input type="checkbox"/> Fixed Film <input type="checkbox"/> Suspended Media <input type="checkbox"/> Hybrid <input type="checkbox"/> Other: (explain)	
<input type="checkbox"/>	Others/Misc.:	<input type="checkbox"/> Soil Evaluation <input type="checkbox"/> Site Delineation <input type="checkbox"/> Disinfection <input type="checkbox"/> Inspections <input type="checkbox"/> Other: (explain)	

8. Describe the onsite soil evaluation work that you personally performed: (Attach separate page if more space is needed.)

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B:** To be completed by the Verifier.

Verifier - This section is to be completed by the applicant's verifier. (Refer to the the Board's regulations for requirement).

Complete questions B.1. - B.9. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.

1. Verifier's Name \_\_\_\_\_  
Last First Middle Generation

2. Verifier's Relationship to Applicant:  
 Supervisor  Employer  Other: \_\_\_\_\_

3. Business Name \_\_\_\_\_

4. Do you hold a *current* or *expired* license or certification in Virginia? If so, please check the license type and provide your license number.

- Onsite Soil Evaluator - License No. \_\_\_\_\_
- Authorized Soil Evaluator - License No. \_\_\_\_\_  
Certified by VDH prior to July 1, 2009
- Professional Engineer - License No. \_\_\_\_\_
- Other: (explain) \_\_\_\_\_

5. Are the dates in which the experience was obtained, correct? (See Section A, question 7.B.)

- No  If no, clarify the dates: \_\_\_\_\_
- Yes

6. To the best of your knowledge, did the applicant correctly describe his/her experience? (See Section A, question 7.D & 8.)

- Yes
- No  If no, provide a description of the type of work or project performed by the applicant and the complexity of his/her work:

7. Was the applicant employed full-time?

- No  If no, how many hours did the applicant work each week? \_\_\_\_\_
- Yes

8. Additional Comments:

9. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

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