

B. Interim Alternative Onsite Sewage System Installer:

Please select only **one** of the following requirements you are using to apply for licensure:

- Provide six months of documented full-time experience installing alternative onsite sewage systems under the direct supervision of a properly licensed contractor holding a sewage disposal systems (SDS) specialty issued by the Virginia Board for Contractors; **or**
- Provide six months of documented full-time experience installing alternative onsite sewage systems as a properly licensed contractor holding a SDS specialty issued by the Virginia Board for Contractors.

* All applicants must complete the **Experience Verification Form** attached to this application.

9. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

10. Have you ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*
- No
- Yes If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; **and** any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

11. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 23 of the *Code of Virginia* and the *Virginia Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Regulations*.

Signature _____

Date _____

*This application is in effect until June 30, 2010.
All applications received **after** June 30, 2010, will not be accepted.*