

Board for Contractors

BACKFLOW PREVENTION DEVICE WORKER CERTIFICATION APPLICATION

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 the one method you are requesting for licensure:

X	License by:	Trans	Fee
<input type="checkbox"/>	Exam Eligibility	1005	\$150.00
<input type="checkbox"/>	Exchange "local issued" card for State Certification	1023	\$110.00

- Provide a **current or previously** issued license by Department of Professional and Occupational Regulation or the Virginia Board for Contractors - (if applicable)

Virginia License Number _____ Expiration Date _____

- 1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

Required Documentation: Provide a copy of your government issued ID. Copy must be legible.

- 2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or _____ - _____

Virginia DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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 _____ (Applicants must be 18 years of age or older.)

MM/DD/YYYY

- 4. Maiden or Former Name(s) _____

- 5. Provide Mailing Address (P.O. Box accepted). The mailing address will be printed on the license.

Address _____

APT/Unit # _____

City _____ State (abbr.) _____ Zip Code _____

- 6. Street Address (P.O. Box **not** accepted). **Physical Address Required.**

Check here if Street Address is the **same** as the Mailing Address listed above.

Address _____

APT/Unit # _____

City _____ State (abbr.) _____ Zip Code _____

BOARD USE ONLY	ETS					
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				2717		

7. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Employer's Name _____
 Employer's Virginia Contractor's License No. (if available) _____
 Employer's Street Address _____
 Address _____
 APT/Unit # _____
 City _____ State (abbr.) _____ Zip Code _____

10. Do you hold a current Backflow Prevention Device Worker license, certification or registration issued by any (outside of Virginia) state or territory of the United States? This may be used to qualify you for the Virginia examination.

No

Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing* if you want this to be used to qualify you for the exam.

State/Jurisdiction	Examination Yes (Y) or No (N)	Examination Date (if applicable)	License, Certification or Registration No.	Expiration Date

* *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 fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.*

11. Are you applying for a Virginia Backflow Prevention Device Worker license by exchanging a Virginia card issued by a local governing body or the Virginia Department of Health prior to July 1, 1998?

No

Yes If yes, you may exchange your locality issued card only once. Attach copy of card or certification. (Skip to question #14.)

12. Have you been approved by a local governing body prior to July 1, 1998 to perform backflow prevention devices work?

No

Yes If yes, this may qualify you to be exempt from the examination. Include a letter from the local governing body attesting to your level of expertise in the backflow prevention device work.

13. Which of the following requirements have you met in order to qualify for the backflow prevention device worker certification examination? Check only **one**.
- Four years of practical experience in water distribution systems and 40 hours of formal vocational training in a school approved by the Board for Contractors. Board approved school list provided on Board website at www.dpor.virginia.gov/.
Required Attachments: Attach a completed *Individual Experience Verification Form* and certification(s) of completion or official transcript(s).
- Seven or more years of practical experience in the trade and 16 hours of formal vocational training in a school approved by the Board for Contractors. Board approved school list provided on Board website at www.dpor.virginia.gov/.
Required Attachments: Attach a completed *Individual Experience Verification Form* and certification(s) of completion or official transcript(s).
14. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

16. 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 11 of the *Code of Virginia*, and the *Board for Contractors Individual License and Certification Regulations*.

Signature _____ Date _____