

On-Site Wastewater Treatment Systems Designer Registration Application



To become an on-site wastewater treatment systems designer:

- You must have a high school diploma or equivalent.
- You must have a minimum of 4 years of broad based, progressive field and office experience in the design of on-site wastewater treatment systems.

All applicants must:

1. Complete this form and send the signed application (page 1) and the Experience Record Summary (page 2) with a check or money for order for \$200, payable to the Department of Licensing, to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 35001, Seattle, WA 98124-3401.**
2. Complete the Experience Description and Verification section (pages 3-5) and send to the person(s) verifying the experience. The person verifying will send the completed form directly to our office.
3. If you want any education considered towards the requirements, request an official transcript be sent to: **Board of Registration for Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia, WA 98507.** Photocopies are not acceptable.
4. You will receive an email with information to access the Law and Ethics exam that must be successfully passed before you can be approved for the exam.



Applicant

Questions: call (360) 664-1575

PRINT or TYPE Name (Last, First, Middle – will appear in the proper order on your wall certificate)		Maiden name (If any – will not appear on certificate)	
Social Security number required*	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing address			
City	State	ZIP code	County
Present position	Business name		
Business location address			
City	State	ZIP code	County
(Area code) Business telephone number	(Area code) Residence telephone number	Email	
Previous filing Have you previously filed an application with this office? <input type="checkbox"/> Yes <input type="checkbox"/> No		Exam location preference <input type="checkbox"/> Eastern WA <input type="checkbox"/> Western WA	
Answer the following			
1. Has any court or licensing jurisdiction taken action against you for your practice in on-site designing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation on additional sheet.			
2. Have you ever been convicted of or entered a plea of guilty or <i>nolo contendere</i> to a misdemeanor, gross misdemeanor, or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation on additional sheet.			

Educational background

Name and location of colleges, universities, technical schools attended	Dates of attendance		Curriculum	Degree/Date
	From	To		

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ **X** _____
Date and place Applicant signature

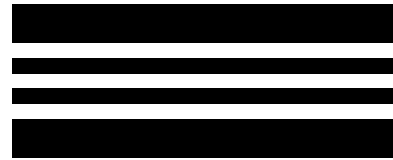
Applicant name _____

Experience record summary

Please list all of your employers below beginning with the most recent. This list is to include the entire time from leaving college (if applicable) or beginning your on-site designing career to the present time. Those periods while in school, unemployed, or non-designing work must also be included. If not verifying, indicate "No." Any experience not verified will not be counted towards the experience requirement.

Verification number	Time period <i>(begin with most recent)</i> From <i>(month-year)</i> To <i>(month-year)</i>	Employer	To be verified <i>(yes or no)</i>
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On-Site Wastewater Treatment System Designer Experience and Verification



Applicant experience verification

- Experience is gained under the direct supervision of an on-site wastewater treatment system designer or professional engineer.
- Four years of broad based, progressive field and office experience in the design of on-site wastewater treatment systems is required. The approval of the experience is based on the verifications provided by you, the level of independent judgments and decisions, and demonstration of the ability to work within the regulatory structure.

Instructions for applicant

Send the completed work experience descriptions and verification form (page 3) to the person verifying your work experience. Additional sheets may be attached if needed, but please identify the categories you are describing. You may make photocopies for additional events.

Work experience information – Applicant complete this section

Applicant name		Verification number (from page 2)	
Employed by			
Job title	Dates of employment (From, To)	Average hours per week	
Supervisor name and title		(Area code) Telephone number	
Supervisor business address			
City	State	ZIP code	

Work experience descriptions – Applicant complete this section

This experience is broken down into 11 categories (A-K) for each event. When describing your experience, be specific about your contribution to wastewater treatment systems. Avoid terms like “participated in,” “involved with,” or similar generalities. State your exact duties.

Describe your experience

A. Site soil assessment

B. Hydraulics

C. Topographic delineations

Applicant name _____

Verification number _____

Work experience descriptions – continued

D. Use of specialized treatment processes and devices

E. Microbiology

F. Construction practices

G. Applying state and local health regulations

H. Field identification and evaluation of site conditions

I. Conducting related research

J. Interacting with clients and the public

K. Demonstrating an understanding and concern for environmental considerations and public health

Applicant name _____

Verification number _____

Verification instructions

After completing your verification, please return this form and the attached work experience descriptions (pages 3-4) to:

Board of Registration for Professional Engineers and Land Surveyors
Department of Licensing
PO Box 9025
Olympia, WA 98507

Work experience verification – Supervisor/Verifier complete this section

Name of person completing this verification _____		
Verifier information <i>(Choose all that apply)</i> Please choose from the following selections and provide the information requested. <input type="checkbox"/> Local health department official Affiliation with applicant _____ Your title _____ Name of health department/district _____ <input type="checkbox"/> Professional engineer Affiliation with applicant _____ License number _____ Expiration date _____ <input type="checkbox"/> State licensed on-site system designer Affiliation with applicant _____ License number _____ Expiration date _____		
Answer the following 1. Do you feel qualified and prepared to verify the experience in categories A through K from the attached Work Experience section? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ 2. Do you agree with the applicant's employment time and hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ 3. Do you agree with the applicant's description of work, duties, and responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ 4. During this time of employment, how long has the applicant been in a position of making independent judgments and decisions? _____ years/months 5. Please check the work experience categories in which you believe the applicant is competent and prepared to be examined for admission to the profession: <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> A. Site soil assessment <input type="checkbox"/> B. Hydraulics <input type="checkbox"/> C. Topographical delineations <input type="checkbox"/> D. Use of specialized treatment processes and devices <input type="checkbox"/> E. Microbiology <input type="checkbox"/> F. Construction practices </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> G. Applying state and local health regulations <input type="checkbox"/> H. Field identification and evaluation of site conditions <input type="checkbox"/> I. Conducting related research <input type="checkbox"/> J. Interacting with clients and the public <input type="checkbox"/> K. Demonstrating an understanding and concern for environmental considerations and public health </td> </tr> </table> 6. Would you recommend this applicant for licensure if requirements are met? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A. Site soil assessment <input type="checkbox"/> B. Hydraulics <input type="checkbox"/> C. Topographical delineations <input type="checkbox"/> D. Use of specialized treatment processes and devices <input type="checkbox"/> E. Microbiology <input type="checkbox"/> F. Construction practices	<input type="checkbox"/> G. Applying state and local health regulations <input type="checkbox"/> H. Field identification and evaluation of site conditions <input type="checkbox"/> I. Conducting related research <input type="checkbox"/> J. Interacting with clients and the public <input type="checkbox"/> K. Demonstrating an understanding and concern for environmental considerations and public health
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If you believe this applicant does not satisfy the requirements for licensure, please explain: _____ _____ _____		

X

Supervisor/Verifier signature

Date