



**Secretary of State  
Office of Professional Regulation**

**Pollution Abatement Facility Operator  
Verification of Experience**

**To be completed by the Applicant:**

Applicant's Legal Name	
Facility Name	
Facility Address	
*Grade the applicant is applying for	
<b>Applicant's Signature</b>	

\*Note: You may apply for any level of grade regardless of the current grade you hold. Due to a system limitation, if the system tells you that you have not met the prerequisite, please go back and select the next level of grade (if you hold a grade 2 select a grade 3, if you are a new applicant, select grade 1). The office will make the change for you internally to the grade you indicate above.

**To be completed by the Supervisor:**

Name of Supervisor		Supervisor VT License # (If Applicable)	
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**Based on your personal knowledge of the above named applicant:**

How long (months/years) have you known the applicant?	Indicate # of Years	
When did he or she begin practicing as an operator under your supervision?	Indicate Date mm/yy	
Indicate the number of hours the applicant worked per year	Hours/year	

**Signature of Supervisor**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Supervisor	Date