

WATER SUPPLY DIVISION
The Old Pantry Building
103 South Main Street
Waterbury, VT 05671-0403
TELEPHONE (802) 241-3400
FACSIMILE (802) 241-3284

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND VT TAXES

Title 15 Section 795 requires that this form must be completed by anyone applying as an individual for water system operator certification.

Water System Operator Certification may not be issued or renewed unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all **child support** payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. Section 795).

By law (32 VSA §3113) no agency of the State may renew a license or other authority to conduct a trade or business (including license to practice a profession) unless the licensee first certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of **Taxes**. A person is in good standing if no taxes are due, if the liability for any tax that may be due is on appeal, if the tax payer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship.

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000.00 fine or both.

STATEMENT OF APPLICANT

I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all **child support** due the State of Vermont as of the date of this application.

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all **taxes** due the State of Vermont as of the date of this application.

I further certify that all information contained in this application is true and accurate to the best of my knowledge.

Date _____ Signature _____

_____ PRINT name here: _____

Social Security #