

Board for Asbestos, Lead and Home Inspectors
LEAD - EXPERIENCE VERIFICATION APPLICATION
No Fee Required

Lead Supervisor, Risk Assessor, and Project Designer applicants only.

Experience Verification:

Section A - should be completed by the applicant.

Section B - should be completed by the supervisor or another individual who will verify the applicant's work experience.

Section A: Applicant

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

Last (required) First (required) Middle Generation

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

Social Security Number and/or

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Virginia DMV Control Number

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➤ 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. Mailing Address _____

City State Zip Code

4. Check the **one** type of license you are requesting:

Risk Assessor

Project Designer

Supervisor

5. Applicant's Job Title _____

6. Dates of Employment From: _____ To: _____
- MM/DD/YYYY MM/DD/YYYY

7. Provide detailed description of applicant's work:

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8. Applicant's Signature _____ Date _____

Section B: Supervisor or Verifier of Work Performance

You may duplicate this form to accommodate all your references.

1. Employer's Name _____

2. Supervisor's or Verifier's Name _____

Last First Middle Generation

3. Employer's/Verifier's Street Address _____

City State Zip Code

4. Contact Numbers _____

Primary Telephone Alternate Telephone Fax

5. Is the information provided by the applicant correct in questions A.5, A.6, and A.7?

Yes

No If no, please explain below.

6. 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.

Supervisor/Verifier's Signature _____ Date _____