

Board for Asbestos, Lead and Home Inspectors ASBESTOS TRAINING PROGRAM REVIEW AND AUDIT 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** program for which you are seeking accreditation.

Discipline	<input checked="" type="checkbox"/>	Initial Program Fee	<input checked="" type="checkbox"/>	Refresher Program Fee
Worker	<input type="checkbox"/>	\$2,000	<input type="checkbox"/>	\$500
Supervisor	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$500
Inspector	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$250
Management Planner	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$250
Project Designer	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$500
Project Monitor - Comprehensive	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$500
Project Monitor	<input type="checkbox"/>	\$1,000		

- Name of Training Provider Business _____
 - A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.
- Trade, "Doing Business As" (DBA) or Fictitious Name _____
- A. Type of business entity (select only **one**)
 - Sole Proprietorship General Partnership Solely Owned LLC ♦ Other, please specify: _____
 - Corporation ♦ Limited Partnership ♦ Limited Liability Company ♦ _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company
- B. State Corporation Commission Number: _____ (If applicable)
 - Attach a copy of the Certificate of Assumed or Fictitious Name filed with the State Corporation Commission pursuant to §59.1-69 of the Code of Virginia or other proof of registration with the State Corporation Commission.
 - ♦ If the firm/business is a **corporation, limited liability company, or limited partnership**, the firm/business trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.
4. Provide **one** of the following identification numbers*:
 - Business Federal Employer Identification Number (FEIN)

Federal Employer Identification Number (12-3456789)															
 - Sole Proprietor's/Individual's* Social Security Number **or**
 - Virginia** Department of Motor Vehicles Control Number

Social Security or Virginia DMV Number (123-45-6789)															
 - Enter the same identification number as used on previous applications or licenses on file with the department.
 - * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3331	

5. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

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

City _____ State _____ Zip Code _____

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. Date of Program (preferred audit date) _____

10. Program Location for Audit _____

11. List all members of your **Company's Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation).

Individual's First Name	MI	Last Name	Title	Social Security No. or VA DMV Control No.*	Date of Birth

* 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.

12. Enter the name of the program **Training Manger, Principal Instructor** and other **Instructors** in the following table.

First Name	MI	Last Name	Title	License No. (if applicable)	Expiration Date
			Training Manager		
			Principle Instructor		
			Instructor		
			Instructor		

13. Does your company hold a current or expired course accreditation issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No

Yes If yes, please enter the accreditation number and expiration date for each of your company's initial and refresher courses in the following table.

Discipline	Initial Course Accreditation Number	Expiration Date	Refresher Course Accreditation Number	Expiration Date
Asbestos Worker				
Asbestos Supervisor				
Inspector				
Manager Planner				
Project Designer				
Project Monitor - Comprehensive				
Project Monitor				

14. Has this business/organization, company management, Training Managers or instructor(s) 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. Has this business/organization, company management, Training Managers or instructor(s) ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has this business/organization, company management, Training Managers or instructor(s) ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

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 desire. 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 5, of the *Code of Virginia* and the *Virginia Board for Asbestos, Lead and Home Inspectors; Virginia Asbestos Licensing Regulations*.

Print Name _____ Title _____

Signature _____ Date _____

Asbestos Training Program Review and Audit Application
Required Attachments
18VAC15-20-34

Please attach the following training **program** documentation:

- ❖ a copy of all letters, licenses, certificates, or registrations issued by all other states or EPA indicating their approval of the specified program
- ❖ a copy of the program curriculum
- ❖ a copy of all program materials including the student manual, instructor notebooks, and handouts to be used
- ❖ the names, education, and experience of each training manager, instructor (including principal instructor and the subject areas that will be assigned to each instructor; requirements found at 18VAC15-20-511.
- ❖ an example of a certificate that will be issued to students who successfully complete the program; requirements found at 18VAC15-20-490.
- ❖ a narrative explanation that states how the program meets the requirements for approval in the following areas:
 - * length of training in hours
 - * amount and type of hands-on training
 - * examinations (length, format, and passing score)
 - * topics covered in the program
 - * assurances of test security and the method used to administer exams
- ❖ copy of examination used and applicable answer sheet