

**Board for Asbestos, Lead and Home Inspectors  
 ASBESTOS WORKER LICENSE APPLICATION  
 Fee \$80.00**

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.**

- Provide a *current or previously* issued license by the Department of Professional and Occupational Regulation or the Virginia Board for Asbestos, Lead and Home Inspectors - (if applicable)

Virginia License Number  Expiration Date \_\_\_\_\_

- Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_ Last (required) \_\_\_\_\_ First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

- Provide at least one of the following identification numbers\*:

Social Security Number and/or  -  -   
 Virginia DMV Control Number

- 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.

- Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)  
MM/DD/YYYY

- Maiden or Former Name(s) \_\_\_\_\_

- Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- Contact Numbers \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

- Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3301	

9. **Asbestos Worker** - Which of the following requirements are you using to qualify for this license type?
- Successful completion of EPA/AHERA or Board approved initial accredited asbestos worker training program and all subsequent EPA/AHERA or Board approved refresher accredited asbestos worker training programs
  - Successful completion of EPA/AHERA or Board approved initial accredited asbestos supervisor training program and all subsequent EPA/AHERA or Board approved refresher accredited asbestos supervisor training programs

**Required Attachments:** Attach a copy of the training course certificate showing successful completion of the programs. **\*\*Training must be completed within the last 12 months preceding the date the department receives this application.**

10. Do you hold a current or expired environmental remediation license, certification or registration issued by any jurisdiction (excluding Virginia)?

No

Yes  If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

11. Have you 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](#).

12. A. Have you 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. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

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

- B. Have you 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. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

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

13. 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*.

Signature \_\_\_\_\_ Date \_\_\_\_\_