Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8595 www.dpor.virginia.gov



Virginia Board for Asbestos, Lead and Home Inspectors ASBESTOS CONTRACTOR LICENSE APPLICATION Fee \$110.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

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

	Vir	rginia License Number										Expi	iratior	n Da	te				
2.	Firm ≻	N/Sole Proprietor Name A sole proprietor should ent must be the same as the na												as the	Trade	e/DBA	name	e. All r	names
3.	Trad	de, "Doing Business As" (DBA) or Fictitious Name																	
4.	A.	Type of business entity (select only one) Sole Proprietorship General Partnership 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.																	
	В.	B. State Corporation Commission Number: (If applicable)																	
		Attach a copy of the <u>Certificate of Assumed or Fictitious Name</u> 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 <u>www.scc.</u> <u>virginia.gov</u> or by phone at (804) 371-9733.																	
	*	If the firm/business is a partnership, a copy of the written partnership agreement* must be provided along with this application.																	
		*The written partnership control of the appropria					sbest	os ab	ateme	ent servi	ices of	the p	bartner	ship a	are "	.under	the d	irectio	on and
5.	Provide one of the following identification numbers*:																		
		Business Federal Employer Identification Number (FEIN)								Federal	 Employ	ver Ide	ntificati	on Nu	mber (12-345	6789)		
] Sole Proprietor's/Individu	<i>ial's</i> Socia	al Securit	y Numl	ber	or		Γ		\square	- [٦.	·				
] <u>Virginia</u> Department of M	Notor Veh	icles Cor	ntrol Nu	umber	-		L	Social S	Security	or Vir	ginia D	MV N	umber	(123-4	5-6789))	
	~	Enter the same identification of									للسم مرجام								

- > 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		3306	

6.	Mailing Address (PO The mailing addres printed on the lin	ss will	be						
_	·			City	eck here if Street Add	ress is the same as th	e Mailing Addr	State	Zip Code
7.	Street Address (PO B		. ,			ess is the <u>same</u> as th	le Maining Audi		·-
	PHYSICAL ADDR	ESS F	REQUIRED						
				City				State	Zip Code
8.	Contact Numbers		Primary Teleph			mate Telephone		Fa	<u></u>
9.	Email Address		Filinary Telepi	IONE	Alte			Ia	Ā
			Email address	s is conside	red a public record a	and will be disclose	d upon reque	st from a third	party.
10.	Each applicant must an Asbestos Contrac Board for Asbestos, L VA Contractor Licer	ting ead	(ASB) specialty and Home Insp	in conjur	nction with the A	sbestos Contra	actor Licen	se issued b	•
11.	The Qualified Individu issued by the Virginia individual who holds t QI Full Legal Name	i Boa his s	ard for Asbestos						
	QI Asbestos Super	visor	License No.:	3 3 (0 2				
12.	List <u>all</u> of the firm's partnership, managin limited liability compa	g pa	rtner of a limite	ed partnei	rship, officers/dir				
Inc	dividual's First Name	MI	Last Na	me	Title	Telephone No.		urity No. or Control No.*	Date of Birth
		tion iss			certificate, registratic vide a social security r				
13.	Has the firm, or any disciplinary action to No Yes I If yes, o	aken	by <u>any</u> (includir	ng Virginia	· · · · ·	national regulat		ever been	subject to a
14.	found guilty, reg plea of nolo con No	ardle tende	ess of the mann ere shall be con	er of adju sidered a	dication, in any j	urisdiction of th			

- B. Has the firm, or any of the firm's owners, officers, managers, members or directors 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 <u>Criminal Conviction Reporting Form.</u>
- 15. 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 Inspector; Virginia Asbestos Licensing Regulations.

Print Name	Title	
Signature	Date	