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



Board for Asbestos, Lead and Home Inspectors ASBESTOS PROJECT MONITOR - WORK EXPERIENCE LOG No Fee Required

Applicants who are self-employed are required to include with their application <u>three copies</u> of the completed project monitor reports during the time frame listed below.

1. A <sub>l</sub>	pplicant's f	Full Legal Name (As it appears on y	our government iss	sued ID or other legal documentation	on.)
La	ast (required)	First (requi	red)	Middle	Generation
2. Pi	rovide at le	east one of the following identification	on numbers*:		
		Security Number and/or			
	Virginia DMV Control Number				
>		same identification number as used on examina	tion, previous application	ns or licenses on file with the department.	
k		requires every applicant for a license, certificate	, registration or other au	ıthorization to engage in a business, trade, ı	
♦ Eviden	=	ommonwealth to provide a social security number ours of experience in performing asbes		- · ·	
not lim	ited to, eva	aluating and monitoring asbestos work	practices, collection	ng environmental asbestos air sar	
perform	ning visual i	nspections and taking final air samples	to grant clearance	for asbestos abatement projects.	
Starting	Ending	Name of Supervisor/Ver		Position Ti	
MM/YY	MM/YY	Name & Address of Emp	loyer	Detailed Position D	escription
		Name		Position Title	
◆Type of Experience (check all that apply)  Contact No.			No. of Hours		
I	Evaluating & Supervisor/Verifier Address:		Position Description		
Monit					
Pract	I				
Colle	cting onmental				
Asbe	stos Air				
Samp Visua					
Inspe	ections				
Final Samp	I				
SUPERV	/ISOR OR	VERIFIER CERTIFY:			
		provided by the applicant correct?			
Yes	□ .	<i>y</i> 11			
No  If no, please explain:					
		· · · · · · · · · · · · · · · · · · ·			
l though	doroianod	contifue that the foregoing statemen	nte and answers	are true, and I have not cupper	accod any information
		, certify that the foregoing stateme e Board's decision to approve this a		are true, ariu i flave flot suppre	esseu any inionination
			-F-1100110111		
Signature of Supervisor/Verifier				Date	