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 LEAD TRAINING COURSE ACCREDITATION APPLICATION

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.

Select the **one** program for which you are seeking accreditation.

| Discipline       | × | Initial<br>Program<br>Fee | × | Refresher<br>Program<br>Fee |
|------------------|---|---------------------------|---|-----------------------------|
| Lead Worker      |   | \$1,000                   |   | \$500                       |
| Lead Supervisor  |   | \$2,000                   |   | \$500                       |
| Inspector        |   | \$1,500                   |   | \$500                       |
| Risk Assessor    |   | \$1,000                   |   | \$500                       |
| Project Designer |   | \$500                     |   | \$250                       |

| 1. | Provide a <u>current or previously</u> issued license, certification, registration or accreditation by the Department of Professional and Occupational Regulation or from the Virginia Board for Asbestos, Lead and Home Inspectors (applicable):   |
|----|---|
|    | Virginia Course Number Expiration Date  |
| 2. | Are you applying on behalf of State Government, Local Government or a Non-Profit Training Program?  No  Yes  If yes, FEES ARE NOT required for this application.  |
| 3. | Training Provider's Business or Sole Proprietor Name  A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All name must be the same as the name on your government issued ID or organization/business documents.   |
| 4. | Trade, "Doing Business As" (DBA) or Fictitious Name   |
| 5. | A. Type of business entity (select only one)  |
|    | ☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ◆ ☐ Other, please specify:   |
|    | ☐ Corporation Corporation Limited Partnership ☐ Limited Liability Company   |
|    | Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company   |
|    | 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 <b>corporation, limited liability company,</b> or <b>limited partnership</b> , 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 businesses 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 <a href="www.sc.virginia.gov">www.sc.virginia.gov</a> or by phone at (804) 371-9733. |

| OFFICE      | DATE | FEE | TRANS CODE | ENTITY# | FILE #/LICENSE # | ISSUE DATE |
|-------------|------|-----|------------|---------|------------------|------------|
| USE<br>ONLY |      |     | 1020       |         | 3331             |            |

| 6.  | Provide one of the following   | owing     | identific      | cation    | numbe      | ers*:                |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
|-----|--|-----------|----------------|-----------|------------|----------------------|--------------------------------------|----------------|-------------------------|----------------|---------------|--------------|--------------|-------|--------------|-------------|-------|------------|----------|-------------|
|     | Business Federal   | Employ    | yer Ideni      | tificatio | n Num      | ber (F               | EIN)                                 |                |                         |                | . [           |              |              |       |              |             |       |            |          |             |
|     |  |           |                |           |            |                      |                                      |                | Fede                    | ral Emp        | J<br>Jove     | er Ide       | L<br>entific | atio  | n Nun        | ı<br>ıber ( | 12-3  | ⊥<br>45678 | ]<br>39) |             |
|     | Sole Proprietor's/Ir   | ndividu   | al's Soci      | ial Sec   | urity Nı   | umbei                | r <i>or</i>                          |                |                         |                |               | -            |              |       | 7 -          |             | T     |            |          | 7           |
|     | Virginia Departme  |           |                |           | •          |                      |                                      |                | Soci                    | ial Secu       | ıritv         | or V         | lirainia     | a DN  | <br>1V Nu    | L<br>mber   | (123  | -45-6      | 789)     |             |
|     | Enter the same identific     State law requires every     solely owned LLC who | ation nui | mber as u      | sed on p  | revious a  | applicat<br>ietor or | tions or lice                        | ed LLC         | n file with<br>to provi | the dep        | oartn<br>dera | nent<br>I em | ploye        | r ide | entifica     | ation :     | numb  | oer. S     | Sole pi  |             |
| 7.  | Mailing Address (PO E<br>The mailing address<br>printed on the lice            | s will be | . ,            |           | City       |                      |                                      |                |                         |                |               |              |              |       |              | State       |       |            | Zip C    | ode         |
| 8.  | Street Address (PO Bo  |           | -              | ted)      |            | Checl                | k here if Str                        | eet Add        | dress is th             | ne <u>same</u> | e as          | the          | Mailir       | ng A  |              |             |       | ove.       |          |             |
| 9.  | Contact Numbers  |           |                |           | City       |                      |                                      |                |                         |                |               |              |              |       | _            | State       | _     |            | Zip C    | ode         |
| 9.  | Contact Numbers _  |           | Primar         | y Teleph  | one        |                      |                                      | Alt            | ernate Te               | elephon        | е             |              |              | _     |              |             |       | Fax        |          |             |
| 10. | Email Address  |           |                |           |            |                      |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
|     |  |           | Email          | address   | is cons    | siderec              | d a public r                         | ecord          | and will                | be dis         | clos          | ed ı         | upon         | req   | uest         | from        | a th  | ird pa     | arty.    |             |
| 11. | Date of Program (prefe   | erred a   | audit da       | te)       |            |                      |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
| 12. | Program Location for A   | Audit     |                |           |            |                      |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
| 13. | List all members of y partner of a limited pa or officers of a corpora         | rtnersl   | -              | -         | _          |                      |                                      |                | -                       |                |               |              | _            |       |              | -           |       |            |          |             |
| I   | ndividual's First Name   | MI        |                | Last N    | ame        |                      |                                      |                | Title                   |                |               |              |              |       | Secu<br>IV C |             |       |            | Date     | of Birth    |
|     |  |           |                |           |            |                      |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
|     |  |           |                |           |            |                      |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
|     |  |           |                |           |            |                      |                                      |                |                         |                |               |              |              |       |              |             |       |            |          |             |
|     |  |           |                |           |            |                      |                                      |                |                         |                |               | $\dashv$     |              |       |              |             |       |            |          |             |
|     |  | on issue  |                |           |            |                      | l<br>ertificate, re<br>le a social s |                |                         |                |               |              |              |       |              |             |       |            |          |             |
| 14. | Enter the name of the  | progra    | am <b>Trai</b> | ning N    | /lange     | r, Pri               | incipal l                            | nstru          | i <b>ctor</b> a         | nd oth         | ner           | Ins          | stru         | cto   | rs ir        | the         | e fol | lowi       | ng ta    | able.       |
|     | First Name   |           | MI             |           | La         | ıst Na               | me                                   |                |                         | Title          |               |              |              |       | Sec<br>MV (  |             |       |            | Date     | of Birth    |
|     |  |           |                |           |            |                      |                                      |                | Traini                  | ng Ma          | nag           | er           |              |       |              |             |       |            |          |             |
|     |  |           |                |           |            |                      |                                      |                | Princip                 | ole Inst       | truc          | tor          |              |       |              |             |       |            |          |             |
|     |  | _         |                |           |            | _                    |                                      |                | Ir                      | structo        | or            |              |              |       |              |             |       |            |          |             |
|     |  |           |                |           |            |                      |                                      |                | Ir                      | structo        | or            |              |              |       |              |             |       |            |          |             |
|     | * State lav  | v require | es everv a     | pplicant  | for a lice | ense c               | ertificate re                        | l<br>egistrati | ion or oth              | er auth        | oriz          | ation        | to e         | nga   | ge in        | a bus       | sines | s. trac    | de, nr   | ofession or |

<sup>\*</sup> 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.

| 15.  | Home Inspectors   | oany hold a <u>current</u> or <u>exp</u><br>s?                                       | <u>ired</u> course accreditation    | n issued by the '                    | Virginia Board for Asbe   | estos, Lead and    |  |  |  |  |
|--|---|--|-------------------------------------|--------------------------------------|---------------------------|--------------------|--|--|--|--|
|  | No 🗌  |  |                                     |                                      |                           |                    |  |  |  |  |
|  |   | yes, please enter the ac   |                                     | expiration date                      | for each of your comp     | any's initial and  |  |  |  |  |
|  | re  | fresher courses in the fol<br>Discipline   | Initial Course Accreditation Number | Expiration Date                      | Refresher Course          | Expiration<br>Date |  |  |  |  |
|  |   | Lead Worker  |                                     | 200                                  |                           |                    |  |  |  |  |
|  |   | Lead Supervisor  |                                     |                                      |                           |                    |  |  |  |  |
|  |   | Inspector  |                                     |                                      |                           |                    |  |  |  |  |
|  |   | Risk Assessor  |                                     |                                      |                           |                    |  |  |  |  |
|  |   | Project Designer   |                                     |                                      |                           |                    |  |  |  |  |
| 16.  | been subject to a   | ss/organization, anyone a disciplinary action take yes, complete the Disciple        | en by <u>any</u> (including Vir     | ginia) local, state                  | •                         | ` '                |  |  |  |  |
| 17.  | ever been   | usiness/organization, any convicted or found guilty ny felony? Any plea of r         | y, regardless of the ma             | nner of adjudica<br>considered a co  | ation, in any jurisdictio |                    |  |  |  |  |
|  | ever been   | usiness/organization, any convicted or found guilty ny misdemeanor? Any [            | y, regardless of the ma             | nner of adjudica<br>shall be conside | ation, in any jurisdictio | • • •              |  |  |  |  |
| 18.  | By signing this a   | application, I certify the fo  | llowing statements:                 |                                      |                           |                    |  |  |  |  |
| 10.  | • I am awa  | are that submitting false in<br>on will delay processing a                           | nformation or omitting p            |                                      |                           | nection with this  |  |  |  |  |
|  | requeste  | ify the Board of any ch<br>d license, certification, or<br>or misdemeanor (in any ju | registration including, be          | -                                    |                           | -                  |  |  |  |  |
| <ul> <li>I authorize the Department to verify information concerning me or any statement in this applicate<br/>person, or any source the department may desire. I also agree to present any credentials of<br/>required or requested by the Department.</li> </ul> |   |  |                                     |                                      |                           |                    |  |  |  |  |
|  | <ul> <li>I authorize any federal, state or local government agency, current or former employer, or other individual of business to release information which may be required for a background investigation.</li> </ul> |  |                                     |                                      |                           |                    |  |  |  |  |
|  | of Title 54   | ad, understand and comp<br>4.1, Chapter 5, of the Cod<br>Lead-Based Paint Activitie  | de of Virginia and the Vir          | •                                    | •                         | •                  |  |  |  |  |
|  | Print Nar   | me   |                                     | Title                                |                           |                    |  |  |  |  |
|  | Signature   |  |                                     |                                      |                           |                    |  |  |  |  |
|  |   |  |                                     |                                      |                           |                    |  |  |  |  |

(See "Required Attachments" on next page)

## Lead Training Course Application Required Attachments 18VAC15-30-54

Please attach the following training *course* documentation:

- a statement signed by the training program manager, which certifies that the training program meets the minimum requirement
- a copy of the student and instructor manuals to be used
- a copy of the course agenda, including the time allocation for each course topic, a copy of the test, and answer sheet
- a description of the facilities and equipment available for lecture and hands-on training
- a description of the procedures for conducting the assessment of hands-on skills
- a copy of the quality control plan
- an example of a certificate that will be issued to students who successfully complete the course
- a copy of the course test and answer sheet

## Please attach the following *Training Manager and Principal Instructor* documentation:

- official academic transcripts
- resumes, letters of reference, verifications of lead licenses and certifications in other states, or documentation of work experience as proof of meeting the work experience requirements
- certifications from lead-specific training courses

Upon conducting a preliminary review of your completed application package, the Department of Professional and Occupational Regulation will notify you in writing of the findings. A course audit must be scheduled and conducted to complete the approval process.