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 ABATEMENT SUPERVISOR LICENSE APPLICATION Fee \$80.00

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.

| > | Provide a <i>current or previou</i> the Virginia Board for Asbesto | • | • | • | | | sional and Occupa | ational Re | gulation or from |
|-------|---|-----------------------------------|--------------------------|-------------------------|--------------------------------|---------------------|---------------------------|-----------------|------------------------|
| | Virginia License Number | Js, Lead and Tr | ome ms | speciors (| Таррііса | | Expiration D | ate | |
| 1. | Full Legal Name (As it app | ears on your gov | rernment | t issued ID | or other | legal dod | cumentation.) | | |
| | Last (required) | First | (required) |) | | <u></u> | Middle | | Generation |
| 2. | Provide at least <u>one</u> of the following identification numbers*: Social Security Number and/or | | | | | | | | |
| | ☐ <u>Virginia</u> DMV Control N | | | | | | | | |
| | Enter the same identification n State law requires every applic by the Commonwealth to provi | cant for a license, cer | rtificate, re | gistration or o | ther author | ization to | engage in a business, tra | de, profession | n or occupation issued |
| 3. | Date of Birth | <u> </u> | flust be a | at least 18 | years of a | age.) | | | |
| 4. | Maiden or Former Name(s) | | | | | | | | |
| 5. | The mailing address will be printed on the license. | | | | Zip Code | | | | |
| 6. | Street Address (PO Box no PHYSICAL ADDRESS RI | . , | | Check here if | Street Addr | ess is the | same as the Mailing Add | ress listed abo | • |
| | | | City | | | | | State | Zip Code |
| 7. | Contact Numbers | | | | | | | | |
| 0 | Primary Tele | | none Alternate Telephone | | phone | Fax | | | |
| 8. | Email Address Email address is considered a public record and will be disclosed upon request from a third party. | | | | | | | | |
| 9. | Have you successfully cosubsequent board-approved No | ompleted a bo d refresher acci | ard-app redited | proved ini lead supe | tial accr <u>rvisor</u> tra | redited aining p | lead supervisor | training p | rogram and all |
| | | | | | | | | | |
| OFFIC | | TRANS CODE | 1 | ENTITY# | 000 | | FILE #/LICENSE # | | ISSUE DATE |
| ONLY | | 1005 | | | 335 | 53 | | | |

| 10. | Which of the following requirements are you using to qualify for licensure? | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| | One year experience as a licensed lead abatement worker | | | | | | | |
| | Lead Abatement Worker License Number: 3 3 5 1 | | | | | | | |
| | Two years experience in a related field (lead, asbestos or environmental remediation) | | | | | | | |
| | Two years experience in a building trade *Required Documentation:* Attach a completed Lead Experience Verification Application. | | | | | | | |
| | | | | | | | | |
| 11. | Do you hold a <u>current</u> or <u>expired</u> 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 | | | | | | | |
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| | 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. | | | | | | | |
| 12. | Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory | | | | | | | |
| | body? No Yes If yes, complete the Disciplinary Action Reporting Form. | | | | | | | |
| 13. | 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. | | | | | | | |
| | No | | | | | | | |
| | Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u> | | | | | | | |
| | B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> (except marijuana convictions)? Any plea of nolo contendere shall be considered a conviction. | | | | | | | |
| | No | | | | | | | |
| | Yes If yes, complete the <u>Criminal Conviction Reporting Form</u> . | | | | | | | |
| 14. | 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 o | 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 Lead-Based Paint Activities Regulations. |

| Signature | Date | |
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