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 RISK ASSESSOR 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 REFLINDABLE

| | Provide a <u>curre</u> Virginia Board fo | - | • | | • | | | | rofe | ssion | al a | nd C |)ccup | ational F | Regulation or the |
|--------|--|---|---------------------------------|---------------------------|-------------------|------------------|-----------------|--------------|--------------|------------------------|---------------------|----------------|--------------------------|-----------------------|-------------------------|
| | Virginia Lice | nse Number [| | | | | | | | | Ex | pirati | on Da | ate | |
| 1. | Full Legal Nar | ne (As it appe | ars on your go | vernme | ent issu | ed ID o | or other | lega | ıl do | cumer | ntatio | on.) | | | |
| | Last (required) | | First | (require | ed) | | | | | Middle | | | | | Generation |
| 2. | Provide at leas | st <u>one</u> of the fo ecurity Numbe | - | ficatio | n num | bers*: | |] - | | | - | \Box | | | |
| | <u>Virginia</u> | DMV Control Nu | umber | | | | | | | | | | | | |
| | * State law re | me identification nu quires every applica nonwealth to provid | ant for a license, ce | ertificate, | registrat | ion or ot | ner autho | rizatio | on to e | engage | in a l | busine | ss, trad | e, professio | on or occupation issued |
| 3. | Date of Birth | MM/DD/\ | • | Must be | e at lea | st 18 y | ears of | age. | .) | | | | | | |
| 4. | Maiden or For | mer Name(s) | | | | | | | | | | | | | |
| 5. | | ss (PO Box ac ng address will be on the license. | . , | City | | | | | | | | | | State | Zip Code |
| 6. | Street Address PHYSICA | | Check | here if S | treet Add | ress i | s the | same a | s the | Mailin | g Addre | ess listed al | oove. | | |
| | | | | City | | | | | | | | | | State | Zip Code |
| 7. | Contact Numbers | | | | | | | | | | | F | | | |
| 8. | Primary Telephone Alternate Telephone 8. Email Address | | | | | | | Fax | | | | | | | |
| 0. | Liliali / Idai 650 | <u> </u> | Email address | s is cons | sidered | a public | record a | and v | vill be | e disclo | sed | upon | reques | st from a t | nird party. |
| 9. | approved initia | al accredited <u>l</u> | lead inspector rograms and b | <u>r</u> traini ooard∹ | ing pro approv | ogram /ed ref | and a resher | ll su acc | ıbse redi | quent ted <u>le</u> | t bo <u>ad i</u> | ard-a inspe | appro e <u>ctor</u> t | ved refr raining p | • |
| OFFICE | DATE | FEE | TRANS CODE | | ENTITY | # | | | | FILE | #/LICE | ENSE # | | | ISSUE DATE |
| USE | | | 1005 | | | | 33 | 56 | | | | | | | |

| 10. | Have you successfully completed a board-approved initial lead risk assessor training course and successful completion of a board-approved initial lead inspector training course that was at least three days in length? No | | | | | | | | | | |
|-----|--|--|---|---|---------------------------------|--|--|--|--|--|--|
| | Yes | Yes | | | | | | | | | |
| 11. | Which of the following requirements are you using to qualify for licensure? | | | | | | | | | | |
| | Certification or licensure as an industrial hygienist, a professional engineer, a registered architect or licer in a related engineering/health/environmental field; or | | | | | | | | | | |
| | | Certific | cation/Licensure No. | State/Regulatory Agency | tate/Regulatory Agency | | | | | | |
| | | A bachelor's degree and one year of experience in a related field (lead, asbestos, environmental remediation work, or construction); <u>or</u> | | | | | | | | | |
| | An associate's degree and two years experience in a related field (lead, asbestos, environmental remediation work, or construction); or | | | | | | | | | | |
| | A high school diploma or equivalent and at least three years experience in a related field (lead, asbestos, environmental remediation work, or construction) | | | | | | | | | | |
| | Required Documentation: Attach a completed <u>Lead Experience Verification Application</u> and/or a completed <u>Lead Education Verification Form.</u> | | | | | | | | | | |
| 12. | 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 | | | | | | | | | | |
| | | Sid | anding from each jurisdiction: State/Jurisdiction | License, Certification or Registration Number | Expiration Date | | | | | | |
| | | | Otato/ourroundin | 2.55.155, CS. anodasir G. r tegrou autor r tambér | Expiration Bate | | | | | | |
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| | | • | certification/registration number; 2) the initial | Standing, prepared by the state board or regulatory body all date of licensure; 3) the expiration date of the license of tc.) and 5) all closed disciplinary actions resulting in a violation | or renewal fee; 4) the means of | | | | | | |
| 13. | Have you obody? No Yes | | een subject to a <u>disciplinary action</u> es, complete the <u>Disciplinary Action</u> | n taken by <u>any</u> (including Virginia) local, star n Reporting Form. | te or national regulatory | | | | | | |
| 14. | 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 ? <i>Any plea of nolo contendere shall be considered a conviction.</i> No | | | | | | | | | | |
| | Ye | | If yes, complete the Criminal Co | nviction 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 <u>misdemeanor</u> ? <i>Any plea of nolo contendere shall be considered a conviction.</i> | | | | | | | | | | |
| | No Ye | _ | If yes, complete the Criminal Co | nviction Reporting Form. | | | | | | | |

- 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 Inspectors; Virginia Lead-Based Paint Activities Regulations.

| Signature | Date | |
|-----------|------|--|