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 - EDUCATION VERIFICATION APPLICATION No Fee Required

Instructions

Section A: To be completed by the applicant, then forwarded to the college or university for verification. Please enclose a stamped envelope, addressed to the Virginia Board for Asbestos, Lead and Home Inspectors at the address provided above.

Section B: To be completed by the institution listed on this application and returned to the applicant or Virginia Board for Asbestos, Lead and Home Inspectors at the address provided above.

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Sect	ion A:									
1.	Applicant's Full Le	gal Name	(As it appears on y	our governmer	t issued ID or	other lega	al documentat	ion.)		
	Last (required)		First (requir	ed)		Middle		Ge	neration	
2.	Provide at least or	ne of the f	ollowing identificatio	n numbers*:						
	Social Security Number and/or					<u> </u>				
	<u>Virginia</u> DMV Control Number									
	 Enter the same identification number as used on examination, previous application 					s on file with	the department.			
	* 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 <u>Virginia</u> Department of Motor Vehicles.									
3.	Date of Birth									
		MM/DD/	YYYY							
4.	Mailing Address									
		City					State	Zip Code		
5.	Contact Numbers									
			Primary Telephone		Alternate Tele	phone		Fax		
6.	Email Address									
			Email address is co	nsidered a public	record and will	be disclos	ed upon reques	st from a third party.		
7.	Name of Institution	າ								
8.	Dates Attended	From: _	MM/DD/YYYY	To:	MM/DD/YYYY	,				
Sect	ion B:									
				Certification						
	I hereby ce	rtify that th	ne individual named	on this applic	ation gradua	ited from	this school/i	nstitution.		
Degr	ee			Ma	jor					
Date	Degree Received	MN	I/DD/YYYY							
Signa	ature									
Official Title					Affix official school seal here.					
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