



**Board for Asbestos, Lead and Home Inspectors
 ASBESTOS - EDUCATION VERIFICATION APPLICATION**

Applicable for Inspector, Asbestos Management Planner, and Project Designer applicants

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.

Section A:

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)	First (required)	Middle	Generation
-----------------	------------------	--------	------------

2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

--	--	--	--	--	--	--	--	--	--	--	--

Virginia DMV Control Number

--	--	--	--	--	--	--	--	--	--	--	--

- Enter the same identification number as used on examination, previous applications or licenses 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 *Virginia* Department of Motor Vehicles.

3. Date of Birth _____
MM/DD/YYYY

4. Mailing Address _____

City State Zip Code

5. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

6. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

7. Name of Institution _____

8. Dates Attended From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

Section B:

Certification

I hereby certify that the individual named on this application graduated from this school/institution.

Degree _____ Major _____

Date Degree Received _____
MM/DD/YYYY

Signature _____ *Affix official school seal here.*

Official Title _____