

**Virginia Board for Asbestos, Lead and Home Inspectors**  
**ASBESTOS ANALYTICAL LABORATORY LICENSE APPLICATION**  
**Fee \$120.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed credit card insert must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

1. Provide a **current or previously** issued environmental remediation license, certification or registration issued by the Department of Professional and Occupational Regulation **or** by the Virginia Board for Asbestos, Lead and Home Inspectors - (if applicable)

Virginia License Number  Expiration Date \_\_\_\_\_

2. Firm 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 names must be the same as the name on your government issued ID or organization/business documents.

3. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_

4. A. Type of business entity (select only **one**)

Sole Proprietorship     General Partnership\*     Solely Owned LLC\*     Corporation\*  
 Limited Partnership\*     Limited Liability Company\*     Other, please specify: \_\_\_\_\_

**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

- B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)

➤ Attach a copy of the Certificate of Assumed or Fictitious Name 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 **corporation, limited liability company, or limited partnership**, the firm/business must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/businesses shall be organized as a business 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 [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

\* If the firm/business is a **partnership**, a **copy of the written partnership agreement\*** must be provided along with this application.

\*The written partnership agreement must state that the asbestos abatement services of the partnership are "...under the direction and control of the appropriate asbestos abatement licensee."

5. Provide **one** of the following identification numbers\*:

Business Federal Employer Identification Number (FEIN)

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Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **or**

-  -

Social Security or Virginia DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

\* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted) \_\_\_\_\_

The mailing address will be printed on the license.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3333	

7. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

\_\_\_\_\_  
 City State Zip Code

8. Contact Numbers \_\_\_\_\_  
 Primary Telephone Alternate Telephone Fax

9. Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

10. All asbestos analytical laboratories are required to designate a **Responsible Individual**, who shall be responsible for ensuring the firm's compliance with the statutes and regulations of the Board, and receiving communications and notices from the board.

➤ The responsible individual may be an employee, officer, manager, owner, or principal of the firm. If the laboratory/firm is a sole proprietorship, the sole proprietor must be the responsible individual.

Individual's Full Legal Name	Mailing Address	Title	Telephone Number	Social Security No. or VA DMV Control No.*	Date of Birth

\* 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.

11. Select the type of analysis to be performed by the laboratory : (Check all that apply)

Polarized Light Microscopy (PLM)

- Provide documentation of one of the following:

- A. Current Asbestos Fiber Analysis Program of the National Institute of Standards and Technology National Voluntary Lab Accreditation Program (NVLAP) accreditation demonstrated by submittal of a copy of the Certificate of Accreditation, Scope of Accreditation, and documentation of proficiency with the application; or
- B. The asbestos analytical laboratory is rated "proficient" in the Bulk Asbestos Proficiency Analytical Testing Program of the AIHA Proficiency Analytical Testing Programs (BAPAT) and maintains the training and quality control document such as is necessary to demonstrate competency in performing analysis; or
- C. The laboratory is accredited under the Industrial Hygiene Laboratory Accreditation Program of the AIHA Laboratory Accreditation programs (IHLAP) and maintains the training and quality control documentation such as is necessary to demonstrate competency.

Phase Contrast Microscopy performed at a fixed laboratory site (PCM - Fixed Site)

- Provide documentation that each analyst has completed NIOSH 582 or NIOSH 582 Equivalency course, plus one of the following:

- A. The asbestos analytical laboratory is accredited under the IHLAP and maintains the training and quality control documentation such as is necessary to demonstrate competency; or
- B. That the laboratory is rated "proficient" in the Industrial Hygiene Proficiency Analytical Testing Program of the AIHA Proficiency Analytical Testing Programs, LLC (IHPAT) and maintains the training and quality control documentation needed to demonstrate competency in performing analysis; or
- C. Each analyst is listed in the Asbestos Analyst Registry Program (AAR) and has a performance rating of "acceptable" for the most recent Asbestos Analyst Testing (AAT) round.

- Phase Contrast Microscopy performed through onsite analysis (PCM - Onsite)
  - Provide documentation that each analyst has completed NIOSH 582 or NIOSH 582 Equivalency course, plus one of the following:
    - A. The laboratory is rated "proficient" in the IHPAT Program and maintains the training and quality control document needed to demonstrate competency in performing onsite analysis for each onsite analyst; or
    - B. The laboratory is accredited under the IHLAP and maintains compliance with the requirements of its accreditation, as well as the training and quality control document needed to demonstrate competency in performing onsite analysis for each onsite analyst; or
    - C. Each analyst is listed in the AAR and has a performance rating of "acceptable" for the most recent AAT round.
- Transmission Electron Microscopy (TEM)
  - Provide documentation of a current accreditation by NVLAP to analyze asbestos airborne fibers using TEM to include a copy of the NVLAP Certificate of Accreditation, Scope of Accreditation, and other documentation of NVLAP proficiency.

12. List **all** of the firm's **owners, officers, managers, members or directors** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation):

Individual's First Name	MI	Last Name	Title	Telephone No.	Social Security No. or VA DMV Control No.*	Date of Birth

\* 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.

13. Has the firm, or any of the firm's **owners, officers, managers, members or directors** ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

14. A. Has the firm, or any of the firm's **owners, officers, managers, members or directors** 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 [Criminal Conviction Reporting Form](#).

B. Has the firm, or any of the firm's **owners, officers, managers, members or directors** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction 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 Asbestos Licensing Regulations*.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- *All applicants are required to have all the occupational or professional licenses and certifications necessary and required by state statute or local ordinance to transact the business of an asbestos analytical laboratory in addition to the requirements set forth in the Virginia Asbestos Licensing Regulations.*