

## Board for Asbestos, Lead and Home Inspectors LEAD TRAINING COURSE ACCREDITATION APPLICATION

**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.**

Select the one program for which you are seeking accreditation.

Discipline	✕	Initial Program Fee	✕	Refresher Program Fee
Lead Worker	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$500
Lead Supervisor	<input type="checkbox"/>	\$2,000	<input type="checkbox"/>	\$500
Inspector	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$500
Risk Assessor	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$500
Project Designer	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$250

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

Virginia Course Number  Expiration Date \_\_\_\_\_

2. Are you applying on behalf of State Government, Local Government or a Non-Profit Training Program?  
 No   
 Yes  If yes, ***FEES ARE NOT*** required for this application.
3. Training Provider's Business 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.
4. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_
5. A. Type of business entity (select only **one**)  
 Sole Proprietorship     General Partnership     Solely Owned LLC ♦     Other, please specify:  
 Corporation ♦     Limited Partnership ♦     Limited Liability Company ♦ \_\_\_\_\_  
**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 trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as 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.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3331	

6. 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**

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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.

7. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

\_\_\_\_\_

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

8. Street Address (PO Box **not** accepted)

**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

\_\_\_\_\_

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

9. Contact Numbers

\_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

10. Email Address

\_\_\_\_\_

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

11. Date of Program (preferred audit date) \_\_\_\_\_

12. Program Location for Audit \_\_\_\_\_

13. List all members of your **Company's Management** (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	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.

14. Enter the name of the program **Training Manger, Principal Instructor** and other **Instructors** in the following table.

First Name	MI	Last Name	Title	Social Security No. or VA DMV Control No.*	Date of Birth
			Training Manager		
			Principle Instructor		
			Instructor		
			Instructor		

\* 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.

15. Does your company hold a current or expired course accreditation issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No

Yes  If yes, please enter the accreditation number and expiration date for each of your company's initial and refresher courses in the following table.

Discipline	Initial Course Accreditation Number	Expiration Date	Refresher Course Accreditation Number	Expiration Date
Lead Worker				
Lead Supervisor				
Inspector				
Risk Assessor				
Project Designer				

16. Has this business/organization, anyone listed on this application (owner), or Training Managers or instructor(s) 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](#).

17. A. Has this business/organization, anyone listed on this application (owner), or Training Managers or instructor(s) 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 this business/organization, anyone listed on this application (owner), or Training Managers or instructor(s) 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](#).

18. 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*.

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

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

**(See "Required Attachments" on next page)**

**Lead Training Course Application**  
**Required Attachments**  
**18VAC15-30-54**

Please attach the following training **course** documentation:

- ❖ a statement signed by the training program manager, which certifies that the training program meets the minimum requirement
- ❖ a copy of the student and instructor manuals to be used
- ❖ a copy of the course agenda, including the time allocation for each course topic, a copy of the test, and answer sheet
- ❖ a description of the facilities and equipment available for lecture and hands-on training
- ❖ a description of the procedures for conducting the assessment of hands-on skills
- ❖ a copy of the quality control plan
- ❖ an example of a certificate that will be issued to students who successfully complete the course
- ❖ a copy of the course test and answer sheet

Please attach the following **Training Manager and Principal Instructor** documentation:

- ❖ official academic transcripts
- ❖ resumes, letters of reference, verifications of lead licenses and certifications in other states, or documentation of work experience as proof of meeting the work experience requirements
- ❖ certifications from lead-specific training courses

*Upon conducting a preliminary review of your completed application package, the Department of Professional and Occupational Regulation will notify you in writing of the findings. A course audit must be scheduled and conducted to complete the approval process.*