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



FINAL - FEBRUARY 2020

Board for Asbestos, Lead, and Home Inspectors Individual - Asbestos License Renewal Form Fee \$40.00

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 renewal package.

RENEWAL FEES ARE NOT REFUNDABLE.

Select one of the following for license renewal:

		Χ	Licer	nse Type		Χ				Licens	е Ту	ре							
			3301 - Asbes]		3304 - Asbestos Management Planner						-							
			3302 - Asbes	stos Superviso	r [330	5 - A	sbest	tos Pro	ject	Desi	gner						
			3303 - Asbes	stos Inspector			330	9 - A	sbest	tos Pro	ject	Moni	tor						
	ı																		
1.	Provide your Asbe	estos	License info	ormation belo	w:														
	A. Virginia L	icen	se Number	3 3								Ехрі	ratio	n D	ate*				
	B. Have you	u con	pleted the A	Asbestos ref	resh	er t	rain	ing*	cour	se re	quire	d for	r this	ren	iewa	al per	iod?		
	No		If no, DPOR	R will not be a	ble to	o re	new	you	ır lice	nse u	ntil t	he c	ertifi	cate	is re	eceiv	/ed.		
	Yes		If yes, attac	hed your cert	tificat	e sl	howi	ng s	ucce	ssful	com	oletio	on o	f the	rea	uired	l traini	ng.	
f the	e Renewal Fee and train	ina ce	•	•				•										•	riate fee
	training certificate are n	_				•													
2.	Full Legal Name	(As i	t appears on y	your governme	ent iss	suec	d ID d	or oth	ner le	gal do	cume	ntati	on.)						
	Last (required)			First (require	ed)						Middle							Gen	eration
3.	Provide at least o	ne of	the following	` .	,	mbe	ers*:												
			umber and/o	•					 .	- [] -							
	<u> Virginia</u> DM\	/ Con	trol Number			İ						<u> </u>			T	乛			
	> Enter the same in	dentifica	ation number as ı	used on examinati	ion, pre	eviou	s app	licatio	ns or li	censes	on file	with t	he de	partm	ent.				
				icense, certificate, al security number														occupatio	n issued
4.	Contact Numbers																		
		_	Prima	ary Telephone					Alterna	ate Tele	phone	!					Fax		
5.	By signing this ap	plica	tion, I certify	the following	state	eme	ents:												
			•	false informatesing and may				•								in co	onnec	tion wi	th this

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OFFICE	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE	
USE			2020		33		

a felony or misdemeanor (in any jurisdiction).

• 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

- 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.

Signature	Date	

Important Reminders:

- Licensees must notify the board of any <u>Name or Address changes</u> within 30 days of the change. Forms can be accessed on our DPOR website: <u>www.dpor.virginia.gov/FormsAndApplications/</u>
- The Board's regulations may be accessed on the DPOR website: www.dpor.virginia.gov/Boards/ALHI/