

**Board for Asbestos, Lead and Home Inspectors
 ASBESTOS TRAINING PROGRAM REVIEW AND AUDIT 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	<input checked="" type="checkbox"/>	Initial Program Fee	<input checked="" type="checkbox"/>	Refresher Program Fee
Worker	<input type="checkbox"/>	\$2,000	<input type="checkbox"/>	\$500
Supervisor	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$500
Inspector	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$250
Management Planner	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$250
Project Designer	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$500
Project Monitor - Comprehensive	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$500
Project Monitor	<input type="checkbox"/>	\$1,000		

1. Name of Training Provider Business [♦] _____
 ♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

2. Trade, "Doing Business As" (DBA), or Fictitious Name [▲] _____
 ▲ All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

3. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) [❖]

____ - _____
 Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

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 *

* 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.

4. Mailing Address (PO Box accepted)
 The mailing address will be printed on the license. _____
 City _____ State _____ Zip Code _____

5. 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 _____

6. Email Address _____

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

7. Contact Numbers _____

Primary Telephone

Alternate Telephone

Fax

8. Type of business entity (select only one)

- Sole Proprietorship Limited Partnership ♦ Limited Liability Company ♦ Other, please specify:
 Association General Partnership Corporation ♦

State Corporation Commission Number: _____

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

9. Date of Program (preferred audit date) _____

10. Program Location for Audit _____

11. 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.

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

First Name	MI	Last Name	Title	License No. (if applicable)	Expiration Date
			Training Manager		
			Principle Instructor		
			Instructor		
			Instructor		

13. 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
Asbestos Worker				
Asbestos Supervisor				
Inspector				
Manager Planner				
Project Designer				
Project Monitor - Comprehensive				
Project Monitor				

14. Has your company, company management, 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, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
15. A. Has your company, company management, Training Managers or instructor(s) ever been convicted in any jurisdiction of a **felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes If yes, provide the information requested in # 15.C.
- B. Has your company, company management, Training Managers or instructor(s) ever been convicted in any jurisdiction of a **misdemeanor**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes If yes, provide the information requested in # 15.C.
- C. If you answered "yes" to either question #15.A. or #15.B., list the **felony** and/or **misdemeanor conviction(s)**. Attach your original criminal history record* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

* Original criminal history record may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

16. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the company, company management, Training Managers or instructors are subject to any disciplinary action or convicted of any felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 5 of the *Code of Virginia* and the *Virginia Board for Asbestos, Lead and Home Inspectors: Asbestos Licensing Regulations*.

Print Name _____

Signature _____

Date _____

Title _____

(See "Required Attachments" on next page)

Asbestos Training Program Review and Audit Application
Required Attachments
18VAC15-20-34

Please attach the following training *program* documentation:

- ❖ a copy of all letters, licenses, certificates, or registrations issued by all other states or EPA indicating their approval of the specified program
- ❖ a copy of the program curriculum
- ❖ a copy of all program materials including the student manual, instructor notebooks, and handouts to be used
- ❖ the names, education, and experience of each training manager, instructor (including principal instructor and the subject areas that will be assigned to each instructor; requirements found at 18VAC15-20-511.
- ❖ an example of a certificate that will be issued to students who successfully complete the program; requirements found at 18VAC15-20-490.
- ❖ a narrative explanation that states how the program meets the requirements for approval in the following areas:
 - * length of training in hours
 - * amount and type of hands-on training
 - * examinations (length, format, and passing score)
 - * topics covered in the program
 - * assurances of test security and the method used to administer exams
- ❖ * copy of examination used and applicable answer sheet