



**Natural Gas Automobile Mechanics and Technicians
 COURSE APPROVAL APPLICATION
 Fee \$190.00**

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. Do you currently have an existing registration number with Department of Professional and Occupational Regulation or from the Advisory Board for the Natural Gas Automobile Mechanics and Technicians?
 No
 Yes If yes, provide your existing Provider Registration Number:

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2. Training Provider/Business or Sole Proprietor Name _____
3. Trade, "Doing Business As" (DBA) or Fictitious Name _____
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. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____
7. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.
8. Contact Person Name and Title _____
 Name _____ Title _____
9. Contact Person's Telephone Numbers _____
 Primary Telephone _____
10. Course Title _____
11. Method of Instruction (Select **all** that apply)
 Classroom Correspondence
 Online Other Distance Learning (describe): _____
12. How many contact hours will the course offer? _____
13. Will this course be offered more than one time?
 No If no, provide the scheduled course date: _____
 Yes If yes, provide the date and time the course(s) will be offered: _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4606	

14. Location(s) where course(s) will be taught:

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15. Instructor Information: Attach a resume for each instructor listed below to include, but not limited to their education, work experience, training background, and a list of other appropriate certifications (if any).

Instructor's Name	Certification Number (If applicable)	Phone Number	Resume Attached?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

16. *I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.*

Print Name of Contact Person _____

Signature of Contact Person _____ Date _____

Required Attachments

The following attachments must be provided for each course. Please include a spacer page to label each attachment according to the numbers listed below.

- **Attachment # 1: Course Syllabus** - The course syllabus lists the purpose of the course and the main topics covered in the course.
- **Attachment # 2: Instructor Information** - List all instructors for the course to include their Virginia Certification number (if available), or a comparable certification(s). In addition, a resume with appropriate teaching experience showing a minimum of 3 years of active experience in the subject being taught or 2 years of consecutive years of disciplinary-free experience immediately prior to this application.
- **Attachment # 3: Course Materials and Fees** - Information pertaining to any materials used or distributed during the course, including books, handouts, pamphlets, and slide presentations/overheads. If the materials are "custom" information, i.e. developed by the provider, please provide a copy. If you will be using materials developed by an outside source, please provide detailed information about the publication. A copy of the materials may be requested. Please provide the fees that will be assessed for the course and whether or not the fees include any materials for the course and, if not, the materials that students are required to furnish.
- **Attachment # 4: Schedule of Course Dates and Locations** - Provide information pertaining to the anticipated schedule and location(s) for the course. If you have not developed a schedule, please provide an anticipated start date for the program. Please note that you must provide the Board office with a final schedule and location(s) prior to holding the class.
- **Attachment # 5: Course Completion Certificate** - If students will be provided with a certificate of completion at the end of the course, please provide a copy marked "sample."