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



Board for Asbestos, Lead and Home Inspectors ASBESTOS TRAINING PROGRAM REVIEW AND AUDIT APPLICATION

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 application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the **one** program for which you are seeking accreditation.

Discipline	×	Initial Program Fee	×	Refresher Program Fee
Worker		\$2,000		\$500
Supervisor		\$2,500		\$500
Inspector		\$1,500		\$250
Management Planner		\$1,000		\$250
Project Designer		\$1,500		\$500
Project Monitor - Comprehensive		\$2,500		\$500
Project Monitor		\$1,000		

1. Name of Training Provider Business

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.

2. Trade, "Doing Business As" (DBA) or Fictitious Name

3. A. Type of business entity (select only one)

Sole Proprietorship	General Partnership	Solely Owned LLC *	Other, please specify:
☐ Corporation [◆]	Limited Partnership	Limited Liability Company	

<u>Other</u>: 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 <u>Certificate of Assumed or Fictitious Name</u> 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 or by phone at (804) 371-9733.
- 4. Provide <u>one</u> of the following identification numbers*:
 - Business Federal Employer Identification Number (FEIN)

Sole Proprietor's/Individual's Social Security Number

			-									
	Fed	eral E	mploy	er Ide	entific	ation	Num	ber (12-34	15678	39)	
				-] -					
L	Soc	cial S	ecurity	or Vi	rainia		」 / Nur	nber	(123-	45-6	789	9)

> 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.

or

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

5.	Mailing Address (PO I The mailing addres printed on the lic	s will be					
	·		City		State	Zip Code	
6.	6. Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED		Check	Check here if Street Address is the <u>same</u> as the Mailing Address listed above.			
			City		State	Zip Code	
7.	Contact Numbers						
	-	Primary Telep	phone	Alternate Telephone		Fax	
8.	Email Address						
		Email addres	ss is considered	a public record and will be disclosed upon re	equest from a thi	ird party.	
9.	Date of Program (pref	erred audit date)					
10.	Program Location for	Audit					

List all members of your Company's Management (sole proprietor, partners of a general partnership, managing 11. 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 <u>current</u> or <u>expired</u> 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 this business/organization, company management, Training Managers or instructor(s) ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No
 - Yes If yes, complete the <u>Disciplinary Action Reporting Form</u>.
- 15. A. Has this business/organization, company management, 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 <u>felony</u>? *Any plea of nolo contendere shall be considered a conviction.*

- Yes If yes, complete the Criminal Conviction Reporting Form.
- B. Has this business/organization, company management, 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 <u>Criminal Conviction Reporting Form.</u>

- 16. 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.

No 🗌

- 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	

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