



Board for Asbestos, Lead and Home Inspectors
ASBESTOS - EXPERIENCE VERIFICATION APPLICATION
No Fee Required

Asbestos Inspector, Management Planner, and Project Designer applicants only.
Project Monitor applicants complete the Asbestos Project Monitor - Work Experience Log.

Experience Verification:

Section A - should be completed by the applicant. *You may duplicate this form to accommodate all your experiences.*

Section B - should be completed by the supervisor or another individual who will verify the applicant's work experience. A letter from a supervisor verifying the experience may be submitted in lieu of this Experience Verification form.

- ◆ Applicants who are self-employed are required to submit a copy of three completed inspections, management plans, or project designs (whichever is applicable for the license type) during the time frame listed below in #A.6.

Section A: Applicant

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

2. Provide the last 4 digits of your identification numbers:

Social Security Number or *Virginia* DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

3. Mailing Address _____

City State Zip Code

4. Check the one license type you are requesting: Management Planner Project Designer Inspector

5. Job Title (during the time of this experience) _____

6. Dates of Employment From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

7. List the number of inspections, management plans, or project designs (whichever is applicable for the license type) during the date of employment listed in question #6.

8. Provide a detailed description of your work experience: Check here if experience was gained while self-employed.

9. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve my application.

Applicant's Signature _____ Date _____

Section B: Supervisor or Verifier of Work Performance

- 1. Supervisor/Verifier's Name _____
- 2. Company/Business Name _____
- 3. Company/Business /Verifier's Street Address _____

_____ City _____ State _____ Zip Code _____

- 4. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____

5. Is the information provided by the applicant correct in questions 5, 6, 7 and 8?

- Yes
- No If no, please explain below.

6. What best describes your relationship to the applicant?

Supervisor - provide a Virginia license number (if applicable)

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EPA Accredited* Inspector/Management Planner/Project Designer/Project Monitor - **Attach proof of accreditation*

7. I, the undersigned, certify that the foregoing statements and answers are true.

Supervisor/Verifier's Signature _____ Date _____