Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2719
www.dpor.virginia.gov



Natural Gas Automobile Mechanics and Technicians TRAINING PROVIDER APPROVAL APPLICATION Fee \$190.00

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 application package.

APPLICATION FEES ARE NOT REFLINDABLE

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1.	Training Provider/Business or Sole Proprietor Name										
	A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name 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										
	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 where business will be conducted by the locality where business will be conducted (if required by the locality where business will be conducted by the locality where										
3.	A. Type of business entity (select only one)										
		Sole F	r, please sp	ecify:							
			oration •	<u>—</u>	Partnership	,					
		Other: As Professiona	oility Partnership, Non	Profit, Profes	sional Corporation						
	B.	State Corp	ooration Com	mission Number:		(If applicable)					
	If your business is a corporation , limited liability company , or limited partnership , your business/trade name(s) must be registered w the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entiti under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register a trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to conducted. 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 I	Number (12-34	 56789)		
	Sole Proprietor's/Individual's Social Security Number or										
		<i>Virginia</i> [Department o	f Motor Vehicles C	Control Number	Social	Security or Virginia DMV	/ Number (123-	45-6789)		
	>			•	evious applications or li		•				
	*	* 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.									
5.	Mail	ina Addres	ss (PO Box	accepted)							
		The mailir	ng address will	be							
		printed	on the license		City			State -	Zip Code		
6.	Stre	et Address	(PO Box r	ot accepted)	Check here if S	Street Address is the	same as the Mailing Add	ress listed abov	ve.		
	Street Address (PO Box <u>not</u> accepted) Check here if Street Address is the <u>same</u> as the Mailing Address list PHYSICAL ADDRESS REQUIRED										
					City			State	Zip Code		
7.	Con	tact Numb	ers								
	Primary Telepho				ne Alternate Telephone Fax			ах			
8.	Email Address				is considered a public record and will be disclosed upon request from a third party.						
				Email address	is considered a publi	c record and will be	e disclosed upon reque	est from a thir	d party.		
		DATE	FEE	TRANS CODE	ENTITY #	1	FILE #/LICENSE #		ISSUE DATE		
USE ONLY				1020		2330					

9.	Name of Contact Person					
	Title					
10.	By signing this application, I certify the following statements:					
	 I am aware that submitting false information or omitting pertinent or material information in connection 					

- 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.
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. 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 50, of the *Code of Virginia* and the *Virginia Regulations Governing Natural Gas Automobile Mechanics and Technicians*.
- I also certify that the laws, regulations, and industry practices that will be taught or utilized in the course are upto-date and that any subsequent changes in the laws, regulations or industry practices will be incorporated into the course curriculum as they occur.

Print Name	Title		
Signature		Date	