

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 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 up-to-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 _____