



**Natural Gas Automobile Mechanics and Technicians  
 TRAINING PROVIDER 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. 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. 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 \_\_\_\_\_  
 ▲ 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).
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 ♦ \_\_\_\_\_  
**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)  
 B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)  
 ♦ If your business is a **corporation, limited liability company, or limited partnership**, your 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 or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.
4. Provide **one** of the following identification numbers\*:  
 Business Federal Employer Identification Number (FEIN)     -   
Federal Employer Identification Number (12-3456789)  
 *Sole Proprietor's/Individual's* Social Security Number    **or**     -  -   
 **Virginia** Department of Motor Vehicles Control Number    Social Security or Virginia DMV Number (123-45-6789)  
 > 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.
5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. 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 \_\_\_\_\_
7. Contact Numbers \_\_\_\_\_  
Primary Telephone    Alternate Telephone    Fax
8. Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			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 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 \_\_\_\_\_