

Board for Asbestos, Lead, and Home Inspectors
Asbestos Analytical Laboratory License Renewal Form
Fee \$40.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
or a completed [credit card insert](#) must be mailed with your renewal package.
RENEWAL FEES ARE NOT REFUNDABLE.

1. Provide your Asbestos Analytical Laboratory License information below:

Virginia License Number

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 Expiration Date* _____

* A \$35.00 late fee will apply if payment is received 30 days past expiration date, bringing total cost to \$75.00 for renewal period.

2. Business/Sole Proprietor/Laboratory Name _____

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

4. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (FEIN)

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Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **or**

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Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number

➤ 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. Contact Numbers _____
Primary Telephone Alternate Telephone

6. 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.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		3333	

- 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 _____

Important Reminders:

- Licensees must notify the board of any ***Name and Address changes*** within 30 days of the change. Forms can be accessed on our DPOR website: www.dpor.virginia.gov/FormsAndApplications/
- The Board's regulations may be accessed on the DPOR website: www.dpor.virginia.gov/Boards/ALHI/
- **Submit a photocopy of current accreditation for the type(s) of Analysis performed by this Laboratory.**