

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

 City State Zip Code

8. Contact Numbers

 Primary Telephone Alternate Telephone Fax

9. Email Address

 Email address is considered a public record and will be disclosed upon request from a third party.

10. All asbestos analytical laboratories are required to designate a **Responsible Individual**, who shall be responsible for ensuring the firm's compliance with the statutes and regulations of the Board, and receiving communications and notices from the board.

➤ The responsible individual may be an employee, officer, manager, owner, or principal of the firm. If the laboratory/firm is a sole proprietorship, the sole proprietor must be the responsible individual.

Individual's Full Legal Name	Mailing Address	Title	Telephone Number	Social Security No. or VA DMV Control No.*	Date of Birth

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

11. Select the type of analysis to be performed by the laboratory : (Check all that apply)

Polarized Light Microscopy (PLM)

- Provide documentation of one of the following:

- A. Current Asbestos Fiber Analysis Program of the National Institute of Standards and Technology National Voluntary Lab Accreditation Program (NVLAP) accreditation demonstrated by submittal of a copy of the Certificate of Accreditation, Scope of Accreditation, and documentation of proficiency with the application; or
- B. The asbestos analytical laboratory is rated "proficient" in the Bulk Asbestos Proficiency Analytical Testing Program of the AIHA Proficiency Analytical Testing Programs (BAPAT) and maintains the training and quality control document such as is necessary to demonstrate competency in performing analysis; or
- C. The laboratory is accredited under the Industrial Hygiene Laboratory Accreditation Program of the AIHA Laboratory Accreditation programs (IHLAP) and maintains the training and quality control documentation such as is necessary to demonstrate competency.

Phase Contrast Microscopy performed at a fixed laboratory site (PCM - Fixed Site)

- Provide documentation that each analyst has completed NIOSH 582 or NIOSH 582 Equivalency course, plus one of the following:

- A. The asbestos analytical laboratory is accredited under the IHLAP and maintains the training and quality control documentation such as is necessary to demonstrate competency; or
- B. That the laboratory is rated "proficient" in the Industrial Hygiene Proficiency Analytical Testing Program of the AIHA Proficiency Analytical Testing Programs, LLC (IHPAT) and maintains the training and quality control documentation needed to demonstrate competency in performing analysis; or
- C. Each analyst is listed in the Asbestos Analyst Registry Program (AAR) and has a performance rating of "acceptable" for the most recent Asbestos Analyst Testing (AAT) round.

- Phase Contrast Microscopy performed through onsite analysis (PCM - Onsite)
 - Provide documentation that each analyst has completed NIOSH 582 or NIOSH 582 Equivalency course, plus one of the following:
 - A. The laboratory is rated "proficient" in the IHPAT Program and maintains the training and quality control document needed to demonstrate competency in performing onsite analysis for each onsite analyst; or
 - B. The laboratory is accredited under the IHLAP and maintains compliance with the requirements of its accreditation, as well as the training and quality control document needed to demonstrate competency in performing onsite analysis for each onsite analyst; or
 - C. Each analyst is listed in the AAR and has a performance rating of "acceptable" for the most recent AAT round.
- Transmission Electron Microscopy (TEM)
 - Provide documentation of a current accreditation by NVLAP to analyze asbestos airborne fibers using TEM to include a copy of the NVLAP Certificate of Accreditation, Scope of Accreditation, and other documentation of NVLAP proficiency.

12. List **all** of the firm's **owners, officers, managers, members or directors** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation):

Individual's First Name	MI	Last Name	Title	Telephone No.	Social Security No. or VA DMV Control No.*	Date of Birth

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13. Has the firm, or any of the firm's **owners, officers, managers, members or directors** ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

14. A. Has the firm, or any of the firm's **owners, officers, managers, members or directors** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has the firm, or any of the firm's **owners, officers, managers, members or directors** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

15. 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.
- 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 _____

- *All applicants are required to have all the occupational or professional licenses and certifications necessary and required by state statute or local ordinance to transact the business of an asbestos analytical laboratory in addition to the requirements set forth in the Virginia Asbestos Licensing Regulations.*