



**Board for Asbestos, Lead and Home Inspectors**  
**ASBESTOS ANALYTICAL LABORATORY LICENSE APPLICATION**  
**Fee \$120.00**

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. Laboratory Name \_\_\_\_\_

2. Trade, "Doing Business As" (DBA), or Fictitious Name <sup>▲</sup> \_\_\_\_\_

▲ All business entities with DBA and Fictitious names must 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. Type of business entity (select only one)

- Sole Proprietorship     Limited Partnership ♦     Limited Liability Company ♦     Other, please specify: \_\_\_\_\_  
 Association     General Partnership     Corporation ♦

State Corporation Commission Number: \_\_\_\_\_

♦ 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. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

4. Select one of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) ♦

□□ - □□□□□□□□

Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

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

□□□ - □□ - □□□□□□

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

Virginia Department of Motor Vehicles Control Number \*

\* 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.

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)

Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Contact Numbers

Primary Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_

Fax \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3333	

9. List the Branch facilities' addresses and telephone numbers. (List all laboratory sites)

No.	Address	Telephone No.
1		
2		
3		

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

- Bulk Material analysis using Polarized Light Microscopy (PLM) ✧
- Airborne Asbestos Fibers analysis using Phase Contrast Microscopy performed at a fixed laboratory site (PCM) ★
- Airborne Asbestos Fibers analysis using Phase Contrast Microscopy performed through on-site analysis (PCM) ◆
- Airborne Asbestos Fibers analysis using Transmission Electron Microscopy (TEM) ✧

✧ To be licensed in this type of asbestos analysis, a copy of the laboratory's National Voluntary Laboratory Accreditation Program (NVLAP), Certificate of Accreditation, **and** Scope of Accreditation must be submitted with this completed application.

★ To be licensed in this type of asbestos analysis at fixed laboratory sites, the items below must be submitted with this completed application:

- 1) A current accreditation by AIHA, **or**
- 2) Evidence that each facility has been rated "proficient" in AIHA's PAT Program's most recent round of asbestos evaluations, **or**
- 3) a. Evidence that each analyst is listed or has applied for listing in the Asbestos Analysis Registry (AAR) and has a performance rating of "acceptable" for the most recent Asbestos Analyst Testing (AAT) round, **and**  
b. Each analyst shall have completed the NIOSH 582 training program or equivalent.

◆ To be licensed in this type of on-site asbestos analysis, each analyst shall have completed the NIOSH 582 training program or equivalent, **and** evidence of the items below must be submitted with this completed application:

- 1) Each analyst shall be listed or shall have applied for listing in the AAR and have a performance rating of "acceptable" for the most recent AAT round, **or**
- 2) Each analyst is accredited by AIHA, **or**
- 3) Each analyst has been rated "proficient" in AIHA's PAT Program's most recent round of asbestos evaluations.

11. List all members of your **Company's Management** (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); any members who have a controlling interest in the business:

Individual's First Name	MI	Last Name	Title	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.

12. Do you hold a current or expired environmental remediation license, certification or registration issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No

Yes  If yes, complete the following table.

License, Certification or Registration Number	Expiration Date

13. Has your laboratory or any individual having a controlling interest in the laboratory ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No

Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

14. A. Has your laboratory or any individual having a controlling interest in the laboratory ever been convicted in any jurisdiction of a **felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes  If yes, provide the information requested in # 14.C.

B. Has your laboratory or any individual having a controlling interest in the laboratory ever been convicted in any jurisdiction of a **misdemeanor**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes  If yes, provide the information requested in # 14.C.

C. If you answered "yes" to either question #14.A. or #14.B., list the **felony** and/or **misdemeanor conviction(s)**. Attach your original criminal history record\* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

\* Original criminal history record may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at [www.vsp.virginia.gov](http://www.vsp.virginia.gov) or by phone at 804-674-6718.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the laboratory or any individual having a controlling interest in the laboratory is subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 5, of the *Code of Virginia* and the *Virginia Board for Asbestos, Lead and Home Inspectors; Asbestos Licensing Regulations*.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

*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.*