



Board for Asbestos, Lead and Home Inspectors
ASBESTOS CONTRACTOR LICENSE APPLICATION
Fee \$110.00

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. Business Entity/Sole Proprietor's Name _____

2. Trade, "Doing Business As" (DBA), or Fictitious Name [▲] _____

▲ 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 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)

If a mailing address is submitted, 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. Email Address _____

8. Contact Numbers

Primary Telephone _____

Alternate Telephone _____

Fax _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3306	

9. Does your company or any member of your company's management hold a current or expired license issued by the Virginia Board for Asbestos, Lead and Home Inspectors or from the Department of Professional and Occupational Regulation?

No

Yes If yes, enter the individual's name, Virginia license, certification or registration number(s) and expiration date(s) below.

Individual's Name	License, Certification or Registration Number	Expiration Date

10. Virginia Contractors License Number

2	7								
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11. Business Licensed Supervisor _____
(Name of the employee who has met the asbestos training requirements for your business)

12. Supervisor's Asbestos License Number

3	3	0	2						
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13. 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).

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.

14. Does your company or any member of your company's management hold a current or expired environmental remediation license, certification or registration issued by any jurisdiction (excluding Virginia)?

No

Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing.♦

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

♦ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

15. Has your company or any contractor with whom you have had a substantial identity of interest 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.

16. A. Has your contracting business or any contractor with whom you have had a substantial identity of interest 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 # 16.C.
- B. Has your contracting business or any contractor with whom you have had a substantial identity of interest 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 # 16.C.
- C. If you answered "yes" to either question #16.A. or #16.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 or by phone at 804-674-6718.

17. 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 I am 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 Inspector; Asbestos Licensing Regulations*.

Print Name _____

Signature _____ Date _____

Title _____