

**Board for Asbestos, Lead and Home Inspectors
 LEAD TRAINING COURSE APPLICATION**

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.

Select the one program for which you are seeking accreditation.

Discipline	<input checked="" type="checkbox"/>	Initial Program Fee	<input checked="" type="checkbox"/>	Refresher Program Fee
Lead Worker	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$500
Lead Supervisor	<input type="checkbox"/>	\$2,000	<input type="checkbox"/>	\$500
Inspector	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$500
Risk Assessor	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$500
Project Designer	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$250

Are you applying on behalf of State Government, Local Government or a Non-Profit Training Program?

No

Yes If yes, FEES ARE NOT DUE FOR THIS APPLICATION.

1. Name of Training Provider Business [♦] _____

[♦] 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.

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. 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.

4. Mailing Address (PO Box accepted)

If a mailing address is submitted, the mailing address will be printed on the license.

 City State Zip Code

5. 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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3331	

6. Email Address _____

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. 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.

9. Date of Program (preferred audit date) _____

10. Program Location for Audit _____

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).

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. Enter the name of the program **Training Manger, Principal Instructor** and other **Instructors** in the following table.

First Name	MI	Last Name	Title	Social Security No. or VA DMV Control No.*	Date of Birth
			Training Manager		
			Principle Instructor		
			Instructor		
			Instructor		

* 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.

13. Does your company hold a current or expired course accreditation issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No

Yes If yes, please enter the accreditation number and expiration date for each of your company's initial and refresher courses in the following table.

Discipline	Initial Course Accreditation Number	Expiration Date	Refresher Course Accreditation Number	Expiration Date
Lead Worker				
Lead Supervisor				
Inspector				
Risk Assessor				
Project Designer				

14. Has your company, company management, Training Managers or instructor(s) 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.
15. A. Has your company, company management, Training Managers or instructor(s) 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 # 15.C.
- B. Has your company, company management, Training Managers or instructor(s) 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 # 15.C.
- C. If you answered "yes" to either question #15.A. or #15.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.

16. 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 any 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; Lead-Based Paint Activities Regulations*.

Print Name _____

Signature _____

Date _____

Title _____

(See "Required Attachments" on next page)

Lead Training Course Application
Required Attachments
18VAC15-30-54

Please attach the following training *course* documentation:

- ❖ a statement signed by the training program manager, which certifies that the training program meets the minimum requirement
- ❖ a copy of the student and instructor manuals to be used
- ❖ a copy of the course agenda, including the time allocation for each course topic, a copy of the test, and answer sheet
- ❖ a description of the facilities and equipment available for lecture and hands-on training
- ❖ a description of the procedures for conducting the assessment of hands-on skills
- ❖ a copy of the quality control plan
- ❖ an example of a certificate that will be issued to students who successfully complete the course
- ❖ a copy of the course test and answer sheet

Please attach the following *Training Manager and Principal Instructor* documentation:

- ❖ official academic transcripts
- ❖ resumes, letters of reference, verifications of lead licenses and certifications in other states, or documentation of work experience as proof of meeting the work experience requirements
- ❖ certifications from lead-specific training courses

Upon conducting a preliminary review of your completed application package, the Department of Professional and Occupational Regulation will notify you in writing of the findings. A course audit must be scheduled and conducted to complete the approval process.