Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8595
www.dpor.virginia.gov



**FINAL - SEPTEMBER 2019** 

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

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

1.	Dep	Provide a <u>current or previously</u> issued environmental remediation license, certification or registration issued by the Department of Professional and Occupational Regulation <b>or</b> by the Virginia Board for Asbestos, Lead and Home Inspectors - (if applicable)											
		ginia License Number								Expiration Date			
2. Firm or Sole Proprietor Name													
	>	A sole proprietor should ent must be the same as the na								d be entered below as the Trade/DBA name. All names ess documents.			
3.	Trad	Trade, "Doing Business As" (DBA) or Fictitious Name											
	<b>A</b>	Attach a copy of the certificate filed with the Clerk of the Circuit Court in the locality where business will be conducted (if required by the locality) or proof of registration with the State Corporation Commission.											
4. A. Type of business entity (select only <b>one</b> )													
		☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify:											
	Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Professional Limited Liability Company.												
	B.	State Corporation Comm	ission Nu	ımber: _					(If applicable)				
	*	If the firm/business is a <b>corporation, limited liability company,</b> or <b>limited partnership</b> , the firm/business must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/businesses shall be organized as a business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission <u>and</u> the clerk of court in the locality where the business is to be conducted (if required). For additional information, contact the SCC at <u>www.scc.virginia.gov</u> or by phone at (804) 371-9733.											
	*	If the firm/business is a <b>partnership</b> , a <b>copy of the written partnership agreement</b> * must be provided along with this application.  *The written partnership agreement must state that the asbestos abatement services of the partnership are "under the direction and control of the appropriate asbestos abatement licensee."											
5.	Prov	vide one of the following	identific	ation nu	ımbers	*:							
		Business Federal Emplo	yer Ident	ification	Numbei	r (FEIN	)		Feder	ral Employer Identification Number (12-3456789)			
		] Sole Proprietor's/Individu	ıal's Soci	al Secur	ity Num	ber	or						
		Virginia Department of N	Motor Ve	nicles Co	ntrol N	umber		L	Socia	al Security or Virginia DMV Number (123-45-6789)			
	>	Enter the same identification number as used on previous applications or licenses on file with the department.											
	*									de a federal employer identification number. Sole proprietor or number issued by the Virginia Department of Motor Vehicles.			

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

6.	Mailing Address (PO Box accepted)  The mailing address will be							
	printed on the license.	City			State	Zip Code		
7.	Street Address (PO Box <u>not</u> accepted)  PHYSICAL ADDRESS REQUIRED	Check here if Street Address is the <u>same</u> as the Mailing Address listed above.						
		City			State	Zip Code		
8.	Contact Numbers							
	Primary Teleph	hone	Alternate Te	elephone	Fax			
9.	Email Address				n request from a third p			
10.	All asbestos analytical laboratories are re ensuring the firm's compliance with the notices from the board.  > The responsible individual may be an emproprietorship, the sole proprietor must be	statutes and r	regulations of the	e Board, and	receiving commun	ications and		
	Individual's Full Legal Name Mailing	g Address	Title	Telephone Number	Social Security No. or VA DMV Control No.*	Date of Birth		
	ate law requires every applicant for a license, certificate, re commonwealth to provide a social security number or a contro				e, profession or occupati	on issued by the		
11.	Select the type of analysis to be performe	ed by the labora	tory: (Check <u>all</u>	that apply)				
	☐ Polarized Light Microscopy (PLM)							
	<ul> <li>Provide documentation of <u>one</u> or</li> </ul>	•						
	A. Current Asbestos Fiber And Voluntary Lab Accreditation Certificate of Accreditation application; or	n Program (NV	LAP) accreditation	on demonstrate	ed by submittal of	a copy of the		
	B. The asbestos analytical labo Program of the AIHA Profi quality control document su	iciency Analytic	al Testing Progr	ams (BAPAT)	and maintains the	training and		
	C. The laboratory is accredited Laboratory Accreditation documentation such as is r	programs (II	HLAP) and ma	aintains the	•			
	☐ Phase Contrast Microscopy perfor	med at a fixed	aboratory site (P	CM - Fixed Sit	e)			
	<ul> <li>Provide documentation that each one of the following:</li> </ul>	•	•					
	A. The asbestos analytical lab control documentation sucl	h as is necessa	ry to demonstrat	e competency;	or			
	B. That the laboratory is rated of the AIHA Proficiency A quality control documentati	Analytical Testi	ng Programs, L	LC (IHPAT) a	nd maintains the	training and		
	C. Each analyst is listed in the "acceptable" for the most re			• ,	nd has a performa	ince rating of		

	Phase Contra	st Mic	roscopy performed through	gh onsite analy:	sis (PCM - Onsi	te)			
			tation that each analyst h	as completed N	NIOSH 582 or N	IOSH 582 Equivalency	course, plus		
	<ul> <li>one of the following:         <ul> <li>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</li> <li>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</li> <li>C. Each analyst is listed in the AAR and has a performance rating of "acceptable" for the most recent AAT round.</li> </ul> </li> <li>Transmission Electron Microscopy (TEM)         <ul> <li>Provide documentation of a current accreditation by NVLAP to analyze asbestos airborne fibers using TEM to</li> </ul> </li> </ul>								
		py of	the NVLAP Certificate of	•	•		-		
12.	partnership, managir	ng par	ers, officers, managers tner of a limited partners officers of a corporation)	ship, officers/di	,		•		
In	ndividual's First Name	MI	Last Name	Title	Telephone No.	Social Security No. or VA DMV Control No.*	Date of Birth		
		ation issu	ires every applicant for a license, ued by the Commonwealth to provi						
13.	<ol> <li>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</li></ol>								
14.									
	B. Has the firm, or any of the firm's <b>owners</b> , <b>officers</b> , <b>managers</b> , <b>members or directors</b> ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <a href="mailto:misdemeanor">misdemeanor</a> ? Any plea of nolo contendere shall be considered a conviction.  No  Yes  If yes, complete the <a href="mailto:criminal Conviction Reporting Form.">Criminal Conviction Reporting Form.</a>								
15.	By signing this applic	cation,	I certify the following star	tements:					
	<ul><li>I am aware th</li></ul>	at sub	mitting false information	or omitting per	tinent or materia	al information in conne	ction 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.