



Board for Asbestos, Lead and Home Inspectors  
**ASBESTOS - EXPERIENCE VERIFICATION APPLICATION**  
No Fee Required

*Asbestos Inspector, Management Planner, and Project Designer applicants only.*  
*Project Monitor applicants complete the Asbestos Project Monitor - Work Experience Log.*

**Experience Verification:**

**Section A** - should be completed by the applicant. *You may duplicate this form to accommodate all your experiences.*

**Section B** - should be completed by the supervisor or another individual who will verify the applicant's work experience. A letter from a supervisor verifying the experience may be submitted in lieu of this Experience Verification form.

- ◆ Applicants who are self-employed are required to submit a copy of three completed inspections, management plans, or project designs (whichever is applicable for the license type) during the time frame listed below in #A.6.

**Section A: Applicant**

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
Last (required)                      First (required)                      Middle                      Generation

2. Provide the last 4 digits of your identification numbers:

Social Security Number or  Virginia DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

3. Mailing Address \_\_\_\_\_

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

4. Check the one license type you are requesting:  Management Planner  Project Designer  Inspector

5. Job Title (during the time of this experience) \_\_\_\_\_

6. Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY                      MM/DD/YYYY

7. List the number of inspections, management plans, or project designs (whichever is applicable for the license type) during the date of employment listed in question #6.

8. Provide a detailed description of your work experience:  Check here if experience was gained while self-employed.

9. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve my application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

