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

Department of Professional and Occupational Regulation

Board for Asbestos, Lead and Home Inspectors
ASBESTOS MANAGEMENT PLANNER LICENSE APPLICATION
Fee $80.00

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.

➢ Provide a ***current or previously*** issued license by the Department of Professional and Occupational Regulation or from the Virginia Board for Asbestos, Lead and Home Inspectors - (if applicable)

Virginia License Number | | | | | | | | | | | Expiration Date _____

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

Last (required) _____ First (required) _____ Middle _____ Generation _____

2. Provide at least **one** of the following identification numbers✳:

☐ ***Social Security Number*** *and/or* | | | | - | | | - | | | | |

☐ ***Virginia*** DMV Control Number | | | | | | | | | |

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

✳ 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.

3. Date of Birth _____ (Must be at least 18 years of age.)
MM/DD/YYYY

4. Maiden or Former Name(s) _____

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)
PHYSICAL ADDRESS REQUIRED

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

_____
City _____ State _____ Zip Code _____

7. Contact Numbers

Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3304	

9. ***Asbestos Management Planner*** - Provide the following information for Training, Education and Experience:

A. Have you successfully completed an EPA or Board-approved initial accredited *asbestos management planner* training program and all subsequent EPA or Board-approved refresher accredited *asbestos management planner* training programs?

No ☐

Yes ☐ If yes, attach a copy of the training course completion certificate showing successful completion of the programs.

B. Which of the following experience and/or education requirements have you met to qualify for this license type?

☐ Hold a Master's or Bachelor's degree in engineering, architecture, industrial hygiene, environmental science or studies, physical science or a related field, and shall have a minimum of (3) three months experience

☐ Hold a Master's or Bachelor's degree in engineering, architecture, industrial hygiene, environmental science or studies, physical science or a related field, and shall have completed a minimum of (3) management plans

☐ Hold an Associate's degree in engineering, architecture, industrial hygiene, physical science or a related field and shall have a minimum of (6) six months experience

☐ Hold an Associate's degree in engineering, architecture, industrial hygiene, environmental science or studies, physical science or a related field, and shall have completed a minimum of (5) five management plans

☐ Hold a High School diploma or equivalent and shall have a minimum of (12) twelve months experience

☐ Hold a High School diploma or equivalent and shall have completed a minimum of (7) seven management plans

Required Attachments: *Attach a completed Education Verification Application and an Experience Verification Application.*

10. Do you 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◆ from each jurisdiction.

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.

11. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

12. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

13. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection 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.*

Signature _____ Date _____