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



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

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.				ously issued li sbestos, Lead					al and (Occup	ational	Regu	ation or
		•	nse Number [,				,	piration	Date			
2.	Firm >	Firm/Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.											All names
3.	Trac	de, "Doing Business As" (DBA) or Fictitious Name											
4. A. Type of business entity (select only one) 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 Corporation Professional Limited Liability Company.								nal Corp	oration, or				
	B.		•	mission Numbe	er:			(If a	plicable)				
	>												-69 of the
	•	If the firm/business is a corporation , limited liability company , or limited partnership , the firm/business trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses mus register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.										business sses must	
	*			nership, a <i>copy</i> o	of the written pa	rtnership a	greement*	must be p	orovided a	long wi	th this ar	plication	າ.
		contro	l of the appropriat	agreement must e asbestos abater	nent licensee."	bestos abat	ement servi	ces of the	e partners	hip are	"under	the dire	ection and
5.	Prov	vide <u>one</u> o	f the following	identification n	umbers*:								
		Business	Federal Employ	yer Identification	Number (FEIN	1)		-					
							Federal	Employer	dentification	n Numb	er (12-345	6789)	
				al's Social Secu	•	or		-		-			
		<u>Virginia</u> [Department of M	Notor Vehicles C	ontrol Number		Social S	Security or	Virginia DN	IV Numb	per (123-4	5-6789)	_
	>	➤ Enter the same identification number as used on previous applications or licenses on file with the department.											
	*	* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.											
OFFICE		DATE	FEE	TRANS CODE	ENTITY#			FILE #/LIC	ENSE#			ISSU	IE DATE
USE ONLY				1020		33	06						

6.	Mailing Address (PO The mailing addre printed on the li	ss wil	l be	City							State	Zip Code	
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			City State Zip Code Check here if Street Address is the <u>same</u> as the Mailing Address listed above.									
				City							State	Zip Code	
8.	Contact Numbers		Primary Talanh	one			ΔIŧ	ornato T	elenhone		Fa	v	
9.	Primary Telephone Alternate Telephone Fax . Email Address							Α					
10. 11.	Each applicant must an Asbestos Contrac Board for Asbestos, L VA Contractor Licer The Qualified Individu issued by the Virginia	ting ead ise N ual (a current and v (ASB) specialty and Home Inspector. 2 7 QI) for the firm's	alid V in co ectors	/irgin njun . Pro	nia Confection wovide the	ractor I ith the e firm's must ho	icense Asbes contra	e issued b tos Contra actor licens current an	actor License se number: d valid Asbes	or Contra issued to stos Supe	ervisor license	
	individual who holds t QI Full Legal Name	his s		,									
	QI Asbestos Super	visor	License No.:	3 3	0	2							
12.	List <u>all</u> of the firm's partnership, managin limited liability compa	g pa	ortner of a limite	d par	tners	ship, of			,		•	•	
In	dividual's First Name	MI	Last Nan	ne		Т	itle	Tele	phone No.	Social Securi VA DMV Cor		Date of Birth	
		tion is	uires every applicant sued by the Commonv										
13.	Has the firm, or any disciplinary action to No	aken		g Virg	ginia) local,	state or	nation			ver beer	subject to a	
14.	A. Has the firm, or found guilty, reg No Yes If	ardle		er of a	djud	ication,	in any j	urisdio	ction of the				

		or any of the firm's owners , officers regardless of the manner of adjuor?	dication, in any jurisdiction of						
•	I am aware	olication, I certify the following statement that submitting false information or or will delay processing and may lead to l	nitting pertinent or material info						
•	• I will notify the Board of any changes to the information provided in this application prior to receiving requested license, certification, or registration including, but not limited to any disciplinary action or conviction a felony or misdemeanor (in any jurisdiction).								
•	person, or a	the Department to verify information any source the department may des requested by the Department.	•	• • • • • • • • • • • • • • • • • • • •					
•		any federal, state or local government release information which may be required.	•						
•	of Title 54.1	, understand and complied with all the l, Chapter 5, of the Code of Virginia ar pestos Licensing Regulations.	•	•					
	Print Name		Title						
	Signature			Date					

15.