

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

 City State Zip Code

7. 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

8. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

9. Email Address

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

10. Each applicant must hold a current and valid Virginia Contractor license issued by the Board for Contractors, holding an Asbestos Contracting (ASB) specialty in conjunction with the Asbestos Contractor License issued by the Virginia Board for Asbestos, Lead and Home Inspectors. Provide the firm's contractor license number:

VA Contractor License No.

11. The Qualified Individual (QI) for the firm's ASB specialty must hold a current and valid Asbestos Supervisor license issued by the Virginia Board for Asbestos, Lead and Home Inspectors. Provide the name and license number of the individual who holds this specialty:

QI Full Legal Name: _____

QI Asbestos Supervisor License No.:

12. List all of the firm's **owners, officers, managers, members or directors** (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	Telephone No.	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.

13. 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 ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

14. A. Has the firm, or any of the firm's **owners, officers, managers, members or directors** 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. Has the firm, or any of the firm's **owners, officers, managers, members or directors** 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](#).

15. 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 Inspector; Virginia Asbestos Licensing Regulations*.

Print Name _____ Title _____

Signature _____ Date _____