

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.

Discipline	✕	Initial Program Fee	✕	Refresher Program Fee
Worker	<input type="checkbox"/>	\$2,000	<input type="checkbox"/>	\$500
Supervisor	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$500
Inspector	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$250
Management Planner	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$250
Project Designer	<input type="checkbox"/>	\$1,500	<input type="checkbox"/>	\$500
Project Monitor - Comprehensive	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$500
Project Monitor	<input type="checkbox"/>	\$1,000		

- | | | | | | | |
|-----------------------|------|-----|------------------------|----------|------------------------------|------------|
| OFFICE
USE
ONLY | DATE | FEE | TRANS CODE

1020 | ENTITY # | FILE #/LICENSE #

3331 | ISSUE DATE |
|-----------------------|------|-----|------------------------|----------|------------------------------|------------|

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.

9. Date of Program (preferred audit date) _____

10. Program Location for Audit _____

11. List all members of your **Company's Management** (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	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.

12. Enter the name of the program **Training Manger, Principle Instructor** and other **Instructors** in the following table.

First Name	MI	Last Name	Title	License No. (if applicable)	Expiration Date
			Training Manager		
			Principle Instructor		
			Instructor		
			Instructor		

13. Does your company hold a current or expired course accreditation issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No ☐

Yes ☐ If yes, please enter the accreditation number and expiration date for each of your company's initial and refresher courses in the following table.

Discipline	Initial Course Accreditation Number	Expiration Date	Refresher Course Accreditation Number	Expiration Date
Asbestos Worker				
Asbestos Supervisor				
Inspector				
Manager Planner				
Project Designer				
Project Monitor - Comprehensive				
Project Monitor				

14. Has this business/organization, company management, Training Managers or instructor(s) 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](#).

15. A. Has this business/organization, company management, Training Managers or instructor(s) 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 this business/organization, company management, Training Managers or instructor(s) 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](#).

16. 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*.

Print Name _____ Title _____

Signature _____ Date _____

Asbestos Training Program Review and Audit Application
Required Attachments
18VAC15-20-34

Please attach the following training ***program*** documentation:

- ❖ Copies of documentation of approval of the asbestos training program issued by EPA or other states, if applicable.
- ❖ The training program curriculum
- ❖ A narrative explanation that states how the program meets the requirements for approval in the following areas:
 - * length of training in hours
 - * amount and type of hands-on training
 - * examinations (length, format, and passing score)
 - * topics covered in the program
 - * assurances of test security and how exams are administered
- ❖ A copy of all program materials, including student manuals, instructor notebooks, handouts, and training aids
- ❖ A copy of examination used and applicable answer sheet
- ❖ The name and documentation of the qualifications of the training manager. The training manager employed by the applicant must meet the requirements of 18VAC15-21-230.
- ❖ The names and documentation of the qualifications of each principal instructor and subject areas that each principal instructor will teach. Principal instructors must meet the requirements of 18VAC15-21-240.
- ❖ An example of the completion certificate that will be issued to students who successfully complete the accredited asbestos training program.
- ❖ A proposed training program date for auditing purposes. The proposed date will be confirmed or an alternate date will be proposed within 10 business days after receipt of a complete asbestos training program application.*

*If seeking approval for refresher courses that are to be delivered electronically and submission for approval necessitates providing a username and password to staff, the username and password **cannot** be temporary.