



**Virginia Board for Asbestos, Lead and Home Inspectors
 Lead-Based Paint Renovation, Repair, and Painting
 ACCREDITED RENOVATION TRAINING PROGRAM APPROVAL APPLICATION**

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.

Select **one** accreditation approval per application.

	Program Type	Trans	Fee
<input type="checkbox"/>	Initial Training Program		\$500.00
<input type="checkbox"/>	EPA-Approved Program*		\$25.00
<input type="checkbox"/>	Additional Training Course Approval		\$250.00

* Applicable for any EPA-Approved training program approved by EPA on or before (effective date).

- Provide a **current** or **previously issued** license, certification or registration by Department of Professional and Occupational Regulation or by the Virginia Board (Professional) - (if applicable)

Virginia License Number

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 Expiration Date _____

- Business Entity/Sole Proprietor Name _____
 - A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

- Assumed or Fictitious Name [▲] _____
 - ▲ If an **assumed/fictitious name** is to be used, attach a copy of the certificate Certificate of Assumed or Fictitious Name filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* or other proof of registration with the State Corporation Commission.

- 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, or Professional Limited Liability Company.

- B. State Corporation Commission (SCC) Number: _____ (If applicable)

♦ If the firm/business is a **corporation, limited liability company, or limited partnership**, the firm/business must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless registered with the SCC.

For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					33##	

4. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (EIN)

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Sole Proprietor's/Individual's Social Security Number **and/or**

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Virginia Department of Motor Vehicles Control Number

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➤ 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.

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. Contact Person: Name/Title _____

10. List all members of the **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.

11. Enter the name of the program's **Training Manager**†, **Principal Instructor** and other **Instructors** in the following table and provide the required documentation for each:

First Name	MI	Last Name	Title	Social Security No. or VA DMV Control No.*	Date of Birth
			Training Manager		
			Principle Instructor		
			Instructor		
			Instructor		

* 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.

† Any **training manager** who intends to also serve as a principal instructor must meet the requirements specified in 18 VAC 15-50-170 and, prior to instructing provide documentation to the board.

12. For the company listed above; does the company hold a **current** or **expired** training program 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 the company's initial and refresher courses in the following table.

Discipline	Initial Course Accreditation Number	Expiration Date	Refresher Course Accreditation Number	Expiration Date
Lead Worker				
Lead Supervisor				
Inspector				
Risk Assessor				
Project Designer				
Renovator				
Dust Sampling Technician				

13. Was the training program accredited by the EPA on or before (effective date)?

No

Yes If "Yes," please provide the following:

Training program accreditation number _____

Date of accreditation or last re-accreditation _____

14. Course Information:

A. Course Name _____

B. Select **one** course type* and language being offered:

Renovator | **Initial** Course | Language Offered: _____

Renovator | **Refresher** Course | Language Offered: _____

Dust Sampling Technician | **Initial** Course | Language Offered: _____

Dust Sampling Technician | **Refresher** Course | Language Offered: _____

* If more than one course is being offered, complete a separate application for each additional course. Courses taught in different languages are considered separate courses and must each meet accreditation requirements.

C. Course Delivery Type

Physical Classroom | student and instructor real-time interaction in-person

Virtual Classroom ♦ | student and instructor real-time interaction through video conferences, Internet, or other multimedia coursework

Online ♦ | self-directed, student-paced Web-based coursework without real-time instructor-led training

♦ Courses delivered electronically must meet the requirements outlined in 18VAC15-50-120.B.4.a.

D. Preferred audit date** _____ Audit Location _____

** Desired audit date should be at least minimum 45 days after the date Board receives this application.

➤ EPA-Approved training programs approved by EPA on or before (effective date) are exempt from the audit requirement.

15. Has the **company, 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](#).

16. A. Has the **company, company management, training managers or instructor(s)** ever been convicted in any jurisdiction of a **felony**? Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has the **company, company management, training managers or instructor(s)** ever been convicted in any jurisdiction of a **misdemeanor** (except marijuana convictions)? Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

17. 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 contact. 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; Lead-Based Paint Renovation, Repair, and Painting Regulations*.
- I also certify that the training manager listed on this application is an employee of the accredited renovation training program, and the qualified principal instructor is an employee of or a contracted employee of the accredited renovation training program.

Print Name _____

Signature _____ Date _____

Title _____

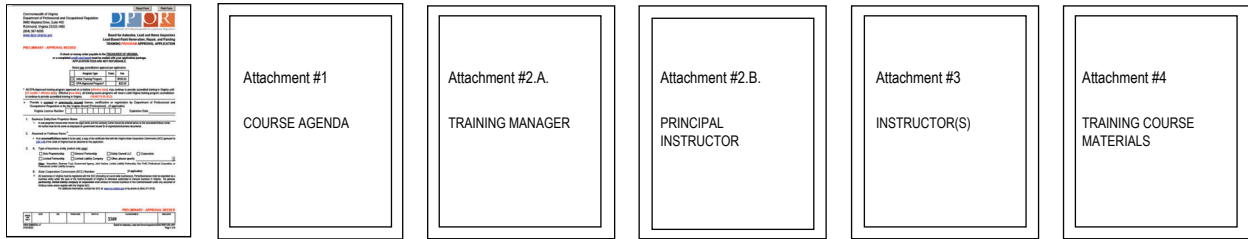
(See "Required Attachments" on next page)

LEAD-BASED PAINT RENOVATION, REPAIR, AND PAINTING

Training Program Approval Application

Required Attachments

Examples of attachment header sheets:



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

- Attachment #1 - A copy of the **course agenda** that includes the topics to be covered, the time allotted for each course topic, and the allotted time for hands-on training in compliance with 40 CFR 745.225 and 18 VAC 15-50-130 or 18 VAC 15-50-140; as applicable.
- Attachment #2.A - Documentation the training manager meets the requirements of 18VAC15-50-160. Acceptable documentation includes (i) official academic transcripts or diploma as proof of meeting the education requirements; (ii) resumes, letters of reference, or documentation of work experience as proof of meeting the experience requirements; (iii) certificates of completion from lead-specific training courses as proof of meeting the training requirements.
- Attachment #2.B - Documentation the principal instructor meets the requirements of 18VAC15-50-170. Acceptable documentation includes (i) official academic transcripts or diploma as proof of meeting the education requirements; (ii) resumes, letters of reference, or documentation of work experience as proof of meeting the experience requirements; (iii) certificates of completion from lead-specific training courses as proof of meeting the training requirements.
- Attachment #3 - **Instructor(s)** - Names and qualifications, including resumes, education, training, experience, and relevant certifications of each instructor.
- Attachment #4 - **Training course materials** including, student manuals, instructor manuals, training aids, and handouts For any course taught in a language other than English, provide a copy of the course materials translated into English.
- Attachment #5 - A description of the **facilities and equipment** to be used for lecture and hands-on training.
- Attachment #6 - A description of the **activities and procedures** that will be used for conducting the assessment of hands-on skills for the course.
- Attachment #7 - Specific information regarding the course examination, including (i) examination content, length, format, and passing score; (ii) examination administration and integrity; and (iii) a copy of the course examination that complies with 18VAC15-50-200 and the corresponding examination answer sheet.
- Attachment #8 - An example of a **certificate of completion** that will be issued to students who successfully complete the course. The certificate of completion must contain the information listed in 18 VAC 15-50-210.
- Attachment #9 - A proposed course schedule, if determined, for auditing purposes.
- Attachment #10 - A copy of the quality control plan that must be developed and implemented by the training manager. The plan must be used to maintain and improve the quality of the training program over time and must contain at least the following elements: (i) procedures for periodic revision of training materials and the course examination to reflect innovations in the field; and (ii) procedures for the training manager's annual review of the principal instructor's competency.

Upon conducting a preliminary review of the completed application package, the Department of Professional and Occupational Regulation will notify all applicants in writing of their findings. A course audit must be scheduled and conducted to complete the approval process.