

**Virginia Board for Asbestos, Lead, and Home Inspectors**  
**CHANGE OF LABORATORY ANALYSIS TYPE**  
**No Fee Required**

1. Provide the Asbestos Analytical Laboratory/Branch Office license information below:

Virginia License Number 

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 Expiration Date \_\_\_\_\_

2. Firm/Sole Proprietor Name \_\_\_\_\_

3. Provide **one** of the following identification numbers\*:

Business Federal Employer Identification Number (FEIN)

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 Federal Employer Identification Number (12-3456789)

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

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 Social Security or Virginia DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

> 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.

4. Contact Numbers

\_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone

5. Email Address

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

6. Where will this change take place?  Main Laboratory **or**  Branch Office (**One** location per form.)

Laboratory Name \_\_\_\_\_

Street Address (PO Box not accepted) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. If **REMOVING** a laboratory analysis type, answer the following questions:

A. Select the type of analysis the laboratory is **removing**: (Select **all** that apply)

- 1. Polarized Light Microscopy (PLM)
- 2. Phase Contrast Microscopy performed at a fixed laboratory site (PCM - Fixed Site)
- 3. Phase Contrast Microscopy performed through onsite analysis (PCM - Onsite), *or*
- 4. Transmission Electron Microscopy (TEM)

B. Explain why the laboratory is requesting removing the analysis type selected above and specify if this is a result of a loss of Accreditation or 'Proficiency' Rating?

**FINAL - SEPTEMBER 2019**

OFFICE USE ONLY	DATE	FEE	TRANS CODE <b>9007</b>	ENTITY #	FILE #/LICENSE # <b>3333</b>	ISSUE DATE
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8. If **Adding** an analysis type at this laboratory, select the **new** type(s) of analysis being performed? Select all that apply.

Polarized Light Microscopy (PLM)

- Provide documentation of one of the following:

- A. Current Asbestos Fiber Analysis Program of the National Institute of Standards and Technology National Voluntary Lab Accreditation Program (NVLAP) accreditation demonstrated by submittal of a copy of the Certificate of Accreditation, Scope of Accreditation, and documentation of proficiency with the application; or
- B. The asbestos analytical laboratory is rated "proficient" in the Bulk Asbestos Proficiency Analytical Testing Program of the AIHA Proficiency Analytical Testing Programs (BAPAT) and maintains the training and quality control document such as is necessary to demonstrate competency in performing analysis; or
- C. The laboratory is accredited under the Industrial Hygiene Laboratory Accreditation Program of the AIHA Laboratory Accreditation programs (IHLAP) and maintains the training and quality control documentation such as is necessary to demonstrate competency.

Phase Contrast Microscopy performed at a fixed laboratory site (PCM - Fixed Site)

- Provide documentation that each analyst has completed NIOSH 582 or NIOSH 582 Equivalency course, plus one of the following:

- A. The asbestos analytical laboratory is accredited under the IHLAP and maintains the training and quality control documentation such as is necessary to demonstrate competency; or
- B. That the laboratory is rated "proficient" in the Industrial Hygiene Proficiency Analytical Testing Program of the AIHA Proficiency Analytical Testing Programs, LLC (IHPAT) and maintains the training and quality control documentation needed to demonstrate competency in performing analysis; or
- C. Each analyst is listed in the Asbestos Analyst Registry Program (AAR) and has a performance rating of "acceptable" for the most recent Asbestos Analyst Testing (AAT) round.

Phase Contrast Microscopy performed through on-site analysis (PCM - Onsite)

- Provide documentation that each analyst has completed NIOSH 582 or NIOSH 582 Equivalency course, plus one of the following:

- A. The laboratory is rated "proficient" in the IHPAT Program and maintains the training and quality control document needed to demonstrate competency in performing onsite analysis for each onsite analyst; or
- B. The laboratory is accredited under the IHLAP and maintains compliance with the requirements of its accreditation, as well as the training and quality control document needed to demonstrate competency in performing onsite analysis for each onsite analyst; or
- C. Each analyst is listed in the AAR and has a performance rating of "acceptable" for the most recent AAT round.

Transmission Electron Microscopy (TEM)

- Provide documentation of a current accreditation by NVLAP to analyze asbestos airborne fibers using TEM to include a copy of the NVLAP Certificate of Accreditation, Scope of Accreditation, and other documentation of NVLAP proficiency.

9. 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 \_\_\_\_\_