

Board for Asbestos, Lead, Mold and Home Inspectors
LEAD TRAINING COURSE 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 the **one** course for which you are seeking accreditation.
Fees are *not* charged to state government, local government, and non-profit training programs.

Discipline	Initial Course Fee	Course Code	X	Refresher Course Fee	Course Code	X
Lead Worker	\$ 800.00	3361	<input type="checkbox"/>	\$ 400.00	3371	<input type="checkbox"/>
Lead Supervisor	\$ 1,600.00	3363	<input type="checkbox"/>	\$ 400.00	3373	<input type="checkbox"/>
Inspector	\$ 1,200.00	3365	<input type="checkbox"/>	\$ 400.00	3375	<input type="checkbox"/>
Risk Assessor	\$ 800.00	3366	<input type="checkbox"/>	\$ 400.00	3376	<input type="checkbox"/>
Project Designer	\$ 400.00	3367	<input type="checkbox"/>	\$ 200.00	3377	<input type="checkbox"/>

- Name of Training Company _____
- Trade Name of Training Company _____
- Federal Employer Identification Number -
- Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
- E-mail Address _____
- Telephone & Facsimile Numbers
 () - () - () -
 Telephone Facsimile Beeper/Cellular
- Date of Course (preferred audit date) _____
- Course Location _____
- Are you applying on behalf of a state or local government entity?
 No
 Yes If yes, skip to question #11 and **do not include a fee with your completed application package.**
- Type of business (select only one)
 Sole Proprietorship Limited Partnership Limited Liability Company
 General Partnership Association Corporation
- Enter the name and title of your company management, i.e., the sole proprietor of a sole proprietorship, the partners of a general partnership, the managing partner of a limited partnership, the officers and/or directors of an association, the managers of a limited liability company, or the officers of a corporation.

First Name	MI	Last Name	Generation (JR, SR, etc.)	Date of Birth	Social Security Number *	Title
					- -	
					- -	
					- -	
					- -	

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	33	LICENSE NUMBER	ISSUE DATE
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12. Does your company hold a current or expired course accreditation issued by the Virginia Board for Asbestos, Lead, Mold 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
Lead Worker	3 3 6 1		3 3 7 1	
Lead Supervisor	3 3 6 3		3 3 7 3	
Inspector	3 3 6 5		3 3 7 5	
Risk Assessor	3 3 6 6		3 3 7 6	
Project Designer	3 3 6 7		3 3 7 7	

13. Enter the name of your company's Training Manager and Principal Instructor(s) in the following table.

Title	First Name	MI	Last Name	Social Security No. *
Training Manager				- -
Principal Instructor				- -
Principal Instructor				- -
Principal Instructor				- -

14. Does your Training Manager or Principal Instructor(s) have a current or expired environmental remediation license issued by the Virginia Board for Asbestos, Lead, Mold and Home Inspectors?

No

Yes If yes, please enter the Virginia license number(s) and expiration date(s) below.

Name	Asbestos License Number	Expiration Date	Lead License Number	Expiration Date
	3 3		3 3	
	3 3		3 3	
	3 3		3 3	

15. Does your company, company management, Training Manager, or Principal Instructor(s) have a current or expired environmental remediation license, certification or registration from another state?

No

Yes If yes, please complete the following table.

Name	State	License, Certification or Registration Number	Expiration Date

16. Has your company, company management, Training Manager, or Principal Instructor(s) ever been subject to a disciplinary action (related to an environmental remediation activity) imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

17. A. Has your company, company management, Training Manager, or Principal Instructor(s) ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*
No Yes If yes, please provide the information requested in #17.D.
17. B. Has your company, company management, Training Manager, or Principal Instructor(s) ever been convicted in any jurisdiction of **any misdemeanor involving lying, cheating or stealing**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*
No Yes If yes, please provide the information requested in #17.D.
- C. Has your company, company management, Training Manager, or Principal Instructor(s) ever been convicted in any jurisdiction of a violation while engaged in environmental remediation activity that resulted in significant harm or the imminent and substantial threat of significant harm to human health or the environment? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*
No Yes If yes, please provide the information requested in #17.D.
- D. If you answered "yes" to question #17.A., #17.B. or #17.C. and there being no appeal pending therefrom or the time for appeal having elapsed, list the felony and/or misdemeanor conviction(s). Attach your original criminal history record; information on the status of incarceration, parole, probation, etc.; and any other information you wish to have considered with this application (i.e., reference letters, documentation of rehabilitation, etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.

18. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the company, any member of company management or any instructor is subject to any disciplinary action; or convicted of any felony, misdemeanor or environmental remediation charges (in any jurisdiction) prior to the receipt of the requested license. I certify that the company management and instructors understand, and have complied with, all the laws of Virginia related to lead-based paint activities and environmental remediation under the provisions of Title 54.1, Chapter 5 of the *Code of Virginia* and the *Virginia Lead-Based Paint Activities Regulations*. I also certify that the training program and each instructor meet the minimum requirements established in the *Virginia Lead-Based Paint Activities Regulations*.

Printed Name _____ Title _____
Signature _____ Date _____

* 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.