Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595

Board for Asbestos, Lead, Mold and Home Inspectors
EDUCATION VERIFICATION FORM

Instructions:

Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped envelope, addressed to the Virginia Board for Asbestos, Lead, Mold and Home Inspectors at the address printed at the top of this form.

Section B: To be completed by the institution listed in Section A#7 and returned to the Virginia Board for Asbestos, Lead, Mold and Home Inspectors at the address printed at the top of this form.

Section A

1. Applicant's Name _____ (First / Middle / Last / Generation (SR, JR, III))
2. Social Security Number ✳ ☐☐☐ – ☐☐ – ☐☐☐☐
3. Date of Birth _____
4. Mailing Address _____
   City, State, Zip Code _____
5. E-mail Address _____
6. Telephone & Facsimile Numbers ( ) – Telephone ( ) – Facsimile ( ) – Beeper/Cellular
7. Name of Institution _____
8. Dates Attended From _____ To _____
9. Degree _____
10. Applicant's Signature _____ Date _____

Section B

Certification

I hereby certify that the individual named in Section A#1 has graduated from this school/institution.

Degree _____ Major _____

Date Received _____

Signature _____

Official Title _____ *Affix official seal here.*

✳ 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.