

6. 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.

7. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

8. 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 _____

9. Contact Numbers

_____ Primary Telephone _____ Alternate Telephone _____ Fax _____

10. Email Address

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

11. Date of Program (preferred audit date) _____

12. Program Location for Audit _____

13. 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.

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

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.

15. 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
Lead Worker				
Lead Supervisor				
Inspector				
Risk Assessor				
Project Designer				

16. Has this business/organization, anyone listed on this application (owner), or 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](#).

17. A. Has this business/organization, anyone listed on this application (owner), or 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**? *Any plea of nolo contendere shall be considered a conviction.*

No

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

B. Has this business/organization, anyone listed on this application (owner), or 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**? *Any plea of nolo contendere shall be considered a conviction.*

No

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

18. 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 Lead-Based Paint Activities Regulations*.

Print Name _____ Title _____

Signature _____ Date _____

(See "Required Attachments" on next page)

Lead Training Course Application
Required Attachments
18VAC15-30-54

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

- ❖ a statement signed by the training program manager, which certifies that the training program meets the minimum requirement
- ❖ a copy of the student and instructor manuals to be used
- ❖ a copy of the course agenda, including the time allocation for each course topic, a copy of the test, and answer sheet
- ❖ a description of the facilities and equipment available for lecture and hands-on training
- ❖ a description of the procedures for conducting the assessment of hands-on skills
- ❖ a copy of the quality control plan
- ❖ an example of a certificate that will be issued to students who successfully complete the course
- ❖ a copy of the course test and answer sheet

Please attach the following **Training Manager and Principal Instructor** documentation:

- ❖ official academic transcripts
- ❖ resumes, letters of reference, verifications of lead licenses and certifications in other states, or documentation of work experience as proof of meeting the work experience requirements
- ❖ certifications from lead-specific training courses

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