

**Board for Asbestos, Lead, and Home Inspectors**  
**Individual - Asbestos License Renewal Form**  
**Fee \$45.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your renewal package.  
**RENEWAL FEES ARE NOT REFUNDABLE.**

Select **one** of the following for license renewal:

X	License Type	X	License Type
<input type="checkbox"/>	3301 - Asbestos Worker	<input type="checkbox"/>	3304 - Asbestos Management Planner
<input type="checkbox"/>	3302 - Asbestos Supervisor	<input type="checkbox"/>	3305 - Asbestos Project Designer
<input type="checkbox"/>	3303 - Asbestos Inspector	<input type="checkbox"/>	3309 - Asbestos Project Monitor

1. Provide your Asbestos License information below:

A. Virginia License Number 

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

B. Have you completed the **Asbestos refresher training**\* course required for this renewal period?

No ☐ If no, DPOR will not be able to renew your license until the certificate is received.

Yes ☐ If yes, attached your certificate showing successful completion of the required training.

\* If the Renewal Fee and training certificate are **not** received within 30 days of the expiration date, a \$35.00 late fee will be applied. If the appropriate fee and training certificate are not received within twelve months of the license expiration date, this form is void and you must apply for a new license.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required) First (required) Middle Generation

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

☐ **Social Security Number** and/or

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☐ **Virginia DMV Control Number**

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* 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.

4. Contact Numbers

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

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

\_\_\_\_\_  
 Fax

5. 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).

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		33	

- 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important Reminders:**

- Licensees must notify the board of any ***Name or Address changes*** within 30 days of the change. Forms can be accessed on our DPOR website: [www.dpor.virginia.gov/FormsAndApplications/](http://www.dpor.virginia.gov/FormsAndApplications/)
- The Board's regulations may be accessed on the DPOR website: [www.dpor.virginia.gov/Boards/ALHI/](http://www.dpor.virginia.gov/Boards/ALHI/)