Reset Form Print Form

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
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Department of Professional and Occupational Regulation

Virginia Board for Asbestos, Lead, and Home Inspectors
Asbestos Analytical Laboratory License Renewal/ Branch Office Renewal Form

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:

X	License Type	Fee
☐	Asbestos Analytical Lab License Renewal	$82.25*
☐	Branch Office Renewal	$62.25*

1. Provide your Asbestos Analytical Laboratory/Branch office license information below:
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date* _____
   * A $35.00 late fee will apply if payment is not received within 30 days from the expiration date.
2. Name of Firm/Sole Proprietor _____
3. A. Trade, "Doing Business As" (DBA) or Fictitious Name _____
   B. State Corporation Commission Number: _____ (If applicable)
4. Street Address (P.O. Box not accepted) _____
   PHYSICAL ADDRESS REQUIRED
   _____
   APT/Unit #
   _____ _____ _____
   City State Zip Code
5. Contact Numbers _____ _____
   Primary Telephone Alternate Telephone
6. Email Address _____
   Email address is considered a public record and will be disclosed upon request from a third party.
7. 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.

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

**Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year.*

- 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 _____

Important Reminders:

- Licensees must notify the board of any ***Name and Address changes*** within 30 days of the change. Forms can be accessed on our DPOR website: www.dpor.virginia.gov/FormsAndApplications/
- The Board's regulations may be accessed on the DPOR website: www.dpor.virginia. gov/Boards/ALHI/
- **Submit a photocopy of current accreditation for the type(s) of Analysis performed by this Laboratory.**