

# WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305



## CERTIFICATION FACT SHEET

Please supply the following information for the purpose of certification. Also, attach a copy of your National Board Certificate.

Inspector's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_

National Board: \_\_\_\_\_

Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your personal information may be disclosed to other state or federal agencies and third parties in the normal course of business or as needed to comply with laws.