



**Board for Asbestos, Lead and Home Inspectors  
 HOME INSPECTOR REINSTATEMENT APPLICATION**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed **credit card insert** must be mailed with your application package.

**APPLICATION FEES ARE NOT REFUNDABLE.**

Select the **one** license type you are reinstating:

X	License Type	Fee
<input type="checkbox"/>	Home Inspector License	\$120.00
<input type="checkbox"/>	Home Inspector w/ NRS Specialty	\$160.00

➤ Provide your **expired** Home Inspector license number below:

Virginia License Number           Expiration Date\* \_\_\_\_\_

\* If your license expired more than 2 years ago, you are required to apply as a **new applicant** using the *Home Inspector License/NRS Specialty Application* and meet **all** current entry requirements (including taking the examination).

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

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

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

**Social Security Number** and/or  -  -   
 **Virginia DMV Control Number**

- 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.

3. Date of Birth \_\_\_\_\_  
MM/DD/YYYY

4. Maiden or Former Name(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
 \_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

**FINAL - FEBRUARY 2020**

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020		3380	

9. Have you obtained a general liability insurance policy for a minimum per occurrence amount of \$250,000
- No  If no, you **cannot** reinstate your license at this time.
- Yes  If yes, applicants shall provide a copy of this policy. The *applicant's name* must be listed as the policy holder or as an additional insured.
- \* A business liability insurance policy or a commercial general insurance policy with minimum limit of \$250,000 may be considered to meet this requirement, provided applicant is listed as an additional insured.

10. Have you completed the continuing professional education (CPE) requirements for this renewal period?
- No
- Yes  If yes, attach certificate of completion or other documentation showing successful completion of the CPE requirement.

**NRS license holders:** Must also include CPE requirements to maintain the NRS specialty.

11. 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 Home Inspector Licensing Regulations.

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