

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595



Board for Asbestos, Lead, Mold and Home Inspectors
HOME INSPECTOR ASSOCIATION MEMBERSHIP FORM

To be completed by the Home Inspector Association and returned with the application for a Virginia Home Inspector Certification.

MEMBER INFORMATION:

1. Member's Name _____
First Middle Last Generation (SR, JR, III)
2. Dates of Membership _____
3. Type of Membership _____

NATIONAL OR STATE PROFESSIONAL HOME INSPECTORS ASSOCIATION:

4. Association Name _____
5. Address _____
City, State, Zip Code _____
6. E-mail Address _____
7. Telephone & Facsimile Numbers () - () -
Telephone Facsimile

REQUIREMENTS MET BY THE ABOVE-NAMED MEMBER IN ORDER TO RECEIVE MEMBERSHIP:

8. *Educational Requirements*
Secondary school/post-secondary school requirements _____
Classroom Instruction
Number of contact hours _____
Content area of instruction _____
9. *Experience Requirements*
Number of required home inspections for membership _____
10. *Examination Requirements*
Name of examination _____
Type of examination (written or electronic) _____
Date examination was passed _____

PREPARER'S SIGNATURE:

11. Name of person preparing this form _____
12. Title of person preparing this form _____
13. Preparer's Signature _____ Date _____