



Board for Asbestos, Lead and Home Inspectors
HOME INSPECTOR EXPERIENCE VERIFICATION FORM
No Fee Required

Experience Verification:

Section A - should be completed by the applicant.

Section B - should be completed by the applicant's supervisor, a licensed individual, client or an independent verifier who can verify the applicant's work experience. If the home inspections were completed under the direct supervision of a licensed Home Inspector, the licensed Home Inspector must certify the applicant's experience.

Section A: Applicant

1. Applicant's 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

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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.

3. Mailing Address _____

_____ City _____ State _____ Zip Code _____

4. Applicant's Job Title _____

5. Dates of Employment From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

6. List the number of home inspections completed during the dates of employment listed in question #A.5: _____

7. Were the inspections listed above (#A.6) completed while the applicant was self employed? No Yes*

* If yes, attach a completed **Inspection Log** along with this completed experience verification form.

8. Applicant's Signature _____ Date _____

Section B: Verification of Work Performance

You may duplicate this form to accommodate all your references.

1. Employer/Company Name _____

2. Verifier/Supervisor Name _____

3. Contact Numbers _____
Primary Telephone Alternate Telephone

4. What best describes your relationship to the applicant?

Supervisor - provide your VA license number (if applicable)

Licensed Home Inspector - provide your VA license number

Client

Other - _____ (i.e. a real estate professional, building official, etc.)

If applicable, provide a VA license number: _____

5. How many home inspection(s) has the applicant completed that you are verifying? _____

6. Are the dates of employment (Section A, question #5) correct? Yes No

♦ If no, list the correct dates: _____

7. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application.

Verifier's* Signature _____ Date _____

* If the home inspection(s) were completed under the direct supervision of a licensed Home Inspector, **the licensed Home Inspector must sign this form certifying the applicant's experience.**