Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8595
www.dpor.virginia.gov

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Board for Asbestos, Lead and Home Inspectors HOME INSPECTOR LICENSE/NRS SPECIALTY DESIGNATION APPLICATION

Fee

\$80.00

Trans

1020

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

APPLICATION FEES ARE NOT REFUNDABLE.

Select all License Types you are apply for:

License Type

**Initial** Home Inspector License

|    | 🔲   Adding N   | RS Sp€   | ecialty*            |                 | 9       | 020      | \$80        | 0.00     |        |        |             |          |                  |
|----|--|--|---------------------|-----------------|---------|----------|-------------|----------|--------|--------|-------------|----------|------------------|
|    |  |  |                     | Total           | Licer   | ise F    | ee          |          | _      |        |             |          |                  |
|    | * You must hold a valid Virginia Home  | Inspe  | ctor lice           | ense <u>pri</u> | or to   | rece     | iving a     | oprov    | /al fo | r the  | NRS sp      | ecialt   | <u>y</u> .       |
| >  | Provide a <u>current or previously</u> issued lic  | ense t   | y the I             | Departm         | ent o   | of Pr    | ofessic     | nal a    | and C  | Occup  | ational     | Regu     | lation or the    |
|    | Virginia Board for Asbestos, Lead and Hom  | e Insp   | ectors (            | (if applic      | able)   | ):       | _           |          |        |        |             |          |                  |
|    | Virginia License Number  |  |                     |                 |         |          |             | Ex       | pirati | ion Da | ate         |          |                  |
| 1. | Full Legal Name (As it appears on your go  | vernme   | ent issue           | ed ID or o      | ther    | legal    | docum       | entati   | on.)   |        |             |          |                  |
|    | Last (required) First  | (require   | ed)                 |                 |         |          | Middle      | 9        |        |        |             |          | Generation       |
| 2. | Provide at least one of the following identi   | ificatio   | n numb              | ers*:           |         |          |             |          |        |        |             |          |                  |
|    | Social Security Number and/or  |  |                     |                 |         | -        |             | -        |        |        |             |          |                  |
|    |  |  |                     |                 |         |          |             | Ī        |        |        |             |          |                  |
|    | > Enter the same identification number as used on e  | examinati  | on, previo          | ous applica     | tions o | r licen: | ses on file | e with t | he dep | artmen | t.          |          |                  |
|    | State law requires every applicant for a license, composition by the Commonwealth to provide a social security |  |                     |                 |         |          |             |          |        |        |             |          | ccupation issued |
| 3. | Date of Birth (  | Must be  | e at leas           | st 18 yea       | rs of a | age.)    |             |          |        |        |             |          |                  |
|    | MM/DD/YYYY   |  |                     |                 |         |          |             |          |        |        |             |          |                  |
| 4. | Maiden or Former Name(s)   |  |                     |                 |         |          |             |          |        |        |             |          |                  |
| 5. | Mailing Address (PO Box accepted)  |  |                     |                 |         |          |             |          |        |        |             |          |                  |
|    | The mailing address will be printed on the license.  |  |                     |                 |         |          |             |          |        |        |             |          |                  |
|    | printed on the license.  | City   |                     |                 |         |          |             |          |        |        | State       | -        | Zip Code         |
| 6. | Street Address (PO Box <u>not</u> accepted)  | Check here if Street Address is the <u>same</u> as the Mailing Address listed above. |                     |                 |         |          |             |          |        |        |             |          |                  |
|    | PHYSICAL ADDRESS REQUIRED  |  |                     |                 |         |          |             |          |        |        |             |          |                  |
|    |  |  |                     |                 |         |          |             |          |        |        |             |          |                  |
|    |  | City   |                     |                 |         |          |             |          |        |        | State       |          | Zip Code         |
| 7. | Contact Numbers  |  | Alternate Telephone |                 |         |          |             | Fox      |        |        |             |          |                  |
| 0  | Primary Teleph   | ione   |                     |                 | Alte    | mate     | eiepnon     | e        |        |        |             | Fax      |                  |
| 8. | Email Address  Email address   | e ic cons  | idorod a            | nublic ro       | ord o   | nd wi    | ll ha disa  | closed   | Lunon  | roduo  | et from a   | third no | artv             |
|    | Liliali audies:  | ) 13 CUIIS   | siuci cu a          | public le       | Julu a  | iiiu Wi  | ıı DE UISU  | JIU3CU   | ι αρυπ | reque  | ot IIVIII a | umu pa   | ıı ty.           |

| 9.  | ,   | •  | license, certification or registration issued by a United States (excluding Virginia)?  | iny other state, District   |  |  |  |  |
|-----|---|--|---|-----------------------------|--|--|--|--|
|     | No 🗌  | •  |   |                             |  |  |  |  |
|     |   | yes, complete the following tab<br>anding (dated within the last 30 d              | le and attach an original Certification of Lice ays) from each state.   | ensure/Letter of Good       |  |  |  |  |
|     |   | State/Jurisdiction   | License, Certification or Registration Number   | Expiration Date             |  |  |  |  |
|     |   |  |   |                             |  |  |  |  |
|     | _   |  |   |                             |  |  |  |  |
|     |   |  |   |                             |  |  |  |  |
|     | certification/r   | egistration number; 2) the initial date of   | g, prepared by the state board or regulatory body mu-<br>licensure; 3) the expiration date of the license; 4) the mary actions resulting in a violation or undetermined finding | eans of obtaining licensure |  |  |  |  |
| 10. | Have you obtaine  | ed a general liability insurance po  | licy with a minimum per occurrence amount of  | \$250,000*?                 |  |  |  |  |
|     | •   | yes, <u>initial</u> applicants shall provid<br>licy holder or as an additional ins | de a copy of this policy. The applicant's name  | e must be listed as the     |  |  |  |  |
|     | * A business  | liability insurance policy or a co   | ommercial general insurance policy with minim<br>, provided applicant is listed as an additional in   |                             |  |  |  |  |
| 11. | Are you applying<br>No □  | for an <u>initial</u> Home Inspector lice  | ense?   |                             |  |  |  |  |
|     | Yes   If yes, which of the following are you using to qualify for a Virginia Home Inspectors license? |  |   |                             |  |  |  |  |
|     |   | •  | cense education course completed by a Boections completed prior to July 1, 2017;  | ard-approved training       |  |  |  |  |
|     |   | •  | cense education course completed by a Bo<br>ections completed under the direct supervision  |                             |  |  |  |  |
|     |   |  | cense education course completed by a Boctions completed prior to July 1, 2017;   | ard-approved training       |  |  |  |  |
|     |   |  | e education course completed by a Board-app<br>completed under the direct supervision of a li   |                             |  |  |  |  |
|     |   | 10 years of experience as a inspections completed durin                            | a home inspector prior to July 1, 2017 and a rg such time frame.  | minimum of 250 home         |  |  |  |  |
|     |   | No more than half of the required ho education technology.                         | ours for the prelicense education courses may be c  | ompleted using distance     |  |  |  |  |
| >   | and a completed   | Experience Verification Form. If h   | g certificate showing successful completion of pre-lome inspections were completed under the cified Home Inspector must certify applicant's exp                                 | lirect supervision of a     |  |  |  |  |

| 12. | Which of the following <b>examination</b> and/or <b>training</b> have you completed for this license or specialty? (Select <u>all</u> that apply)  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
|     | ☐ Board Approved Examination (for initial license *)   |  |  |  |  |  |  |
|     | Exam Date Exam Vendor Name   |  |  |  |  |  |  |
|     | ☐ Board Approved NRS Training Program (for NRS specialty )   |  |  |  |  |  |  |
|     | Training Date Training Provider Name   |  |  |  |  |  |  |
|     | <ul> <li><u>Required Documentation</u>: Attach a copy of a certificate or other documentation showing successful completion of the<br/>National/Board-approved examination <u>and/or</u> a certificate of completion for the board approved NRS training module. NOTE:<br/>NRS specialty training course is only valid for 2 years.</li> </ul> |  |  |  |  |  |  |
| 13. | body?<br>No □  |  |  |  |  |  |  |
|     | Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>  |  |  |  |  |  |  |
| 14. | A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <a href="felony">felony</a> ? Any plea of nolo contendere shall be considered a conviction.  No   |  |  |  |  |  |  |
|     | Yes If yes, complete the <u>Criminal Conviction Reporting Form</u> .   |  |  |  |  |  |  |
|     | B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> within the last five years? Any plea of nolo contendere shall be considered a conviction.  No   No   |  |  |  |  |  |  |
|     | Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>  |  |  |  |  |  |  |
| 15. | By signing this application, I certify the following statements:   |  |  |  |  |  |  |
|     | <ul> <li>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.</li> </ul>  |  |  |  |  |  |  |
|     | <ul> <li>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).</li> </ul>                                      |  |  |  |  |  |  |
|     | <ul> <li>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.</li> </ul>  |  |  |  |  |  |  |
|     | <ul> <li>I authorize any federal, state or local government agency, current or former employer, or other individual or<br/>business to release information which may be required for a background investigation.</li> </ul>  |  |  |  |  |  |  |
|     | <ul> <li>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.</li> </ul>   |  |  |  |  |  |  |
|     | Signature Date   |  |  |  |  |  |  |