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



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

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. <u>APPLICATION FEES ARE NOT REFUNDABLE</u>.

Select the one license type you are reinstating:

Х	License Type	Fee
	Home Inspector License	\$125.00
	Home Inspector w/ NRS Specialty	\$170.00

> Provide your <u>expired</u> Home Inspector license number below:

Virginia License Number											Expiration Date*
* If your license expired mo	ore th	an 2	vea	rs ao	IO. V(ou a	re re	auire	d to	apply	ply as a new applicant using the <i>Home Inspecto</i>

License/NRS Specialty Application and meet <u>all</u> 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)				M	liddle						Generation
2.	Provide at least one o	f the following ident	ification numb	ers*:										
	Social Security N	Number and/or				-			- [
	🗌 <u>Virginia</u> DMV Co	ntrol Number												
	 Enter the same identified 	cation number as used on e	examination, previo	us appli	cation	s or lice	enses o	n file v	vith th	e depa	artment		1	
		y applicant for a license, ce to provide a social security												cupation issued
3.	Date of Birth	(Must be at leas	t 18 y€	ears o	of age	.)							
4.	Maiden or Former Nar	me(s)												
5.	Mailing Address (PO E The mailing addres printed on the lice	s will be	City									State		Zip Code
6.	Street Address (PO Be PHYSICAL ADDRE		ere if St	reet A	ddress	is the <u>s</u>	ame a	s the	Mailino	g Addre	ss liste	ed above.		
			City									State	<u>e</u>	Zip Code
7.	Contact Numbers													
	-	Primary Teleph	none		A	lternate	e Telep	hone					Fax	
8.	Email Address													
	-	Email address	s is considered a	public	record	d and	will be	disclo	sed i	upon i	reques	t from	a third pa	rty.

APPROVED - JULY 2017

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

- 9. Have you obtained a general liability insurance policy for a minimum per occurrence amount of \$250,000
 - No If no, you <u>cannot</u> 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 limits 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 _____