



**Board for Asbestos, Lead and Home Inspectors**  
**HOME INSPECTOR NRS SPECIALTY DESIGNATION APPLICATION**  
**Fee \$80.00**

- A **NRS specialty (New Residential Structure)** designation grants a licensed Virginia home inspector authorization to conduct home inspections on **any new residential structure**. Applicants must hold a **valid** Virginia Home Inspector license prior to receiving approval for the NRS specialty and **may not** conduct inspections on new residential structures without this designation.

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.**

- Provide your **current** Virginia Home Inspectors license number:

Virginia License Number 

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 Expiration Date\* \_\_\_\_\_

\* If you do not hold a **current** Virginia Home Inspector's license, you do **NOT** qualify for a NRS specialty designation.

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*

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

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

5. Street Address (PO Box not accepted)  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

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

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			9020		3380	

8. Board approved NRS Training program\* must be completed prior to applying for the NRS specialty. Provide the following training information:

Training Date \_\_\_\_\_ Training Provider Name \_\_\_\_\_

\* **Required Documentation:**

*Attach a copy of a certificate of completion for the board approved NRS training module. NOTE: NRS specialty training course is only valid for 2 years.*

9. 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 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 \_\_\_\_\_