

PROPOSED - PENDING APPROVAL
Board for Asbestos, Lead and Home Inspectors
HOME INSPECTOR CERTIFICATION - NRS SPECIALTY APPLICATION
Fee \$80.00

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.

- Do you hold a **current** Home Inspector Certificate issued by the Board for Asbestos, Lead, and Home Inspectors?
- No ☐ If no, you must submit a completed Home Inspector Certification Application and fee with this NRS Specialty Application and fee. The NRS Specialty cannot be added until your Home Inspector Certificate Application is approved and your certificate is issued.
- Yes ☐ If **YES**, provide your **current** Home Inspector's certificate and expiration date.

Virginia License Number

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 Expiration Date _____

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 _____ (Must be at least 18 years of 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.

 City State Zip Code

6. Street Address (PO Box **not** accepted) ☐ Check here if Street Address is the **same** as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

 City State Zip Code

7. Contact Numbers _____

Primary Telephone

Alternate Telephone

Fax

8. Email Address _____

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

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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		3380	

9. Have you successfully completed a NRS training module approved by the Board?

No ☐ If no, you do **not** qualify for this specialty.

Yes ☐ If yes, attach a copy of a training certificate showing successful completion of the NRS training module.

10. 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 application.
- 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; Certified Home Inspectors Regulations*.

Signature _____ Date _____