



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 supervisor or another individual who will verify the applicant's work experience. ♦

- ♦ Applicants who are self-employed should complete Section A of this form and attach a detailed list of home inspections completed during the time frame listed in question #A.5. **DO NOT** complete Section B.

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. Applicant's Signature _____ Date _____

Section B: Supervisor or Verifier of Work Performance

You may duplicate this form to accommodate all your references.

1. Employer's Name _____

2. Employer's Street Address _____

_____ City _____ State _____ Zip Code _____

3. Supervisor's or Verifier's Name _____

_____ Last _____ First _____ Middle _____ Generation _____

4. Supervisor's Virginia License Number (if applicable)

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5. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

6. Is the information provided by the applicant correct in questions #A.5. and #A.6.?

Yes

No If no, please explain below.

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.

Supervisor/Verifier's Signature _____ Date _____