



**Board for Asbestos, Lead and Home Inspectors  
 HOME INSPECTOR - COURSE APPROVAL APPLICATION  
 PRELICENSE EDUCATION COURSE/NRS TRAINING MODULE/NRS CPE**

**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.**

Select **one** program(s) for which you are seeking approval.

x	Approval Type:	Fee
<input type="checkbox"/>	Pre-License Education Course	\$250.00
<input type="checkbox"/>	NRS Training Module	\$150.00
<input type="checkbox"/>	NRS Continuing Professional Education (CPE)	\$150.00

➤ Has this business ever been approved as a Training Provider for the Virginia Board Asbestos, Lead and Home Inspectors?

No (1020)

Yes (5020)  If yes, provide your approval number below:

Virginia Training Provider Approval Number\*

\* Providers - if your business is **currently** an approved Provider for the Virginia Board for Asbestos, Lead and Home Inspectors, you are **not** required to include the attachments listed in questions 1 or 2; unless the information below has changed or if the records are out of date.

1. Name of Training Provider Business \_\_\_\_\_  
 ➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

2. Trade, "Doing Business As" (DBA) or Fictitious Name <sup>▲</sup> \_\_\_\_\_  
 ▲ Attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

3. A. Type of business entity (select only **one**)  
 Sole Proprietorship     General Partnership     Solely Owned LLC <sup>♦</sup>     Other, please specify:  
 Corporation <sup>♦</sup>     Limited Partnership <sup>♦</sup>     Limited Liability Company <sup>♦</sup> \_\_\_\_\_  
**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)  
<sup>♦</sup> If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

4. Provide **one** of the following identification numbers\*:  
 Business Federal Employer Identification Number (FEIN)     -   
 Federal Employer Identification Number (12-3456789)  
 Sole Proprietor's/Individual's Social Security Number    **or**     -  -   
 **Virginia** Department of Motor Vehicles Control Number    Social Security or Virginia DMV Number (123-45-6789)  
 ➤ Enter the same identification number as used on previous applications or licenses on file with the department.  
 \* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	TRANS CODE	PROVIDER FILE #/APPROVAL #	ISSUE DATE
			1022	1020/5020	3330	
				ENTITY #	COURSE FILE #/APPROVAL #	ISSUE DATE
				3331		

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) \_\_\_\_\_  
**PHYSICAL ADDRESS REQUIRED**  
 Check here if Street Address is the same as the Mailing Address listed above.  
 \_\_\_\_\_  
 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.

9. Contact Person Information:  
 Name (full Legal Name) \_\_\_\_\_ Contact No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 (if different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

10. Instructor Information. Attach a resume\* for each instructor listed below.

Instructor's Name	Certification/License No. (If applicable)	Designation (If applicable)	Contact Number	Resume Attached
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes

\* Instructor information, including name, license or certification number(s), if applicable, and a list of trade-appropriate designations, as well as a professional resume with a summary of teaching experience and subject-matter knowledge and qualifications acceptable to the board.

11. Name of the Course: \_\_\_\_\_

12. Method of Instruction (Delivery): (Select **all** that apply)  
 Classroom  Distance Learning  Online or  Other: \_\_\_\_\_

13. Number of Contact Hours\* \_\_\_\_\_

\* NRS training must be a minimum of 8 contact hours and NRS CPE must be a minimum of 4 contact hours.

14. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent information or material information in connection with this application will delay processing and may lead to withdrawal or denial of approval.
  - 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 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; Home Inspector Licensing Regulations*.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prelicense Education Course, NRS Training Module  
and NRS CPE Approval Application  
Required Attachments**

Attach the following documentation:

- ❖ Course syllabus.
- ❖ Schedule, if established, including dates, times and locations.
- ❖ Fees for course and materials.
- ❖ Copy of course materials provided to students.
- ❖ Example of a certificate of completion - must contain the contact hours completed, the date(s) of training, and the course identification number assigned by the Board.