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 TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the **one** license type you are reinstating:

Χ	License Type	Fee
	Home Inspector License	\$120.00
	Home Inspector w/ NRS Specialty	\$160.00
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			Home I	Inspector Lice	ense		\$120.00				
			Home I	nspector w/ N	NRS Spe	ecialty	\$160.00				
Р	rovide your <u>expi</u> i	red Home In	spector licens	e number be	elow:						
	Virginia License	Number					7	Expira	tion Date	e*	
*	If your license e License/NRS Sp	•	•	• •	•		•			•	•
1.	Full Legal Name	(As it appea	ars on your gov	ernment issu	ed ID or	other lega	al docume	ntation.)			
	Last (required)		First	(required)			Middle				Generation
2.	Provide at least	one of the fo	llowing identif	ication numb	pers*:						
	Social Sec	urity Number	r and/or			T] -] - [
	Virginia DN	//V Control Nu	ımber								
			mber as used on ex	amination, previ	ous applic	ations or lice	nses on file	with the de	partment.		
			nt for a license, cer e a social security n								or occupation issued
3.	Date of Birth										
		MM/DD/Y	YYY								
4.	Maiden or Forme	er Name(s)									
5.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.										
				City						State	Zip Code
6.	Street Address (PHYSICAL A	PO Box <u>not</u> Address Red	. ,	Check I	nere if Stre	eet Address	is the <u>same</u>	as the Mail	ing Address	listed abov	e
				City						State	Zip Code
7.	Contact Number	s							_	_	
0	Email Address		Primary Telepho	one		Alternate	Telephone			F	ax
8.	Email Address		Email address	is considered a	a public r	ecord and	vill he disc	osed upo	n request f	rom a third	narty
				555.00.00	01101	- 50. w Wild	23 41301	-200 apo		. 5 5 6.111	. L 20. A).
	,									L - FEB	RUARY 2020
OFFICE	DATE	FEE	TRANS CODE	ENTITY #	‡	0000	FIL	E #/LICENSE	#		ISSUE DATE

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
	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
	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