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 EXPERIENCE VERIFICATION FORM No Fee Required

Experience Verification:

Section A - should be completed by the applicant.

Section B - should be completed by the applicant's supervisor, a licensed individual, client or an independent verifier who can verify the applicant's work experience. If the home inspections were completed under the direct supervision of a licensed Home Inspector, the licensed Home Inspector <u>must</u> certify the applicant's experience.

	of a licensed Home Ir	spector, the licensed H	ome Inspector	must certify the	applicant's expe	erience.				
Secti	on A: Applicant									
1.	Applicant's Full Legal Name	(As it appears on your g	government issue	ed ID or other lega	al documentation.)				
	Last (required)	First (required)		Middle		Generation				
2.	Provide at least one of the fo	llowing identification nu	ımbers*:							
	Social Security Numb	e r and/or								
	<u>Virginia</u> DMV Control N									
	 Enter the same identification nu 	mber as used on examination, p	revious applications of	or licenses on file with	the department.	J				
	State law requires every applicate by the Commonwealth to provide									
3.	Mailing Address									
	City				State	Zip Code				
4.	Applicant's Job Title									
5.	Dates of Employment Fron	1:	To:	MM/DD/YYYY						
,										
6.	List the number of home insp	ections completed duri	ng the dates of	employment list	ed in question #					
7.	Were the inspections listed a	cant was self en	nployed?	No ☐ Yes*☐						
	* If yes, attach a completed <u>Ins</u>	pection Log along with this c	ompleted experien	ce verification form						
8.	Applicant's Signature		Date							
Secti	on B: Verification of Work P	erformance You may duplicate this form	n to accommodate a	all your references.						
1.	Employer/Company Name									
2.	Verifier/Supervisor Name									
3.	Contact Numbers									
		Primary Telep	hone	Alternate	Telephone	-				

4.	What best describes your relationship to the applicant?										
	☐ Supervisor - provide your VA license number (if applicable)										
	☐ Licensed Home Inspector - provide your VA license number										
	☐ Client										
	Other (i.e. a real estate professional, but	ilding	offic	cial, e	etc.)						
	If applicable, provide a VA license number:										
5.	How many home inspection(s) has the applicant completed that you are verifying	ng?									
6.	Are the dates of employment (Section A, question #5) correct? Yes If no, list the correct dates:	No	•]							
7.	I, the undersigned, certify that the foregoing statements and answers are information that might affect the decision to approve this application.	tru	e, a	nd	I ha	ve I	not	supį	oress	sed a	any
	Verifier's* Signature				Da	ite					
	* If the home inspection(s) were completed under the direct supervision of a lice	ensec	d Ho	me	Inspe	ector	the	e lic	ense	d Ho	me

If the home inspection(s) were completed under the direct supervision of a licensed Home inspector, the licensed Home inspector in the license in