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 LICENSE APPLICATION Fee \$80.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Virginia License Number		Provide a <u>curre</u> Virginia Board fo	•	•	•	•		Profe	ssior	nal a	nd C	ccup)	ationa	al Re	gulation or the
Last (required)		•	Г							Ex	pirati	on Da	ate _		
2. Provide at least one of the following identification numbers *: Social Security Number and/or	1.	Full Legal Name (As it appears on your government issued ID or other legal documentation.)													
Social Security Number and/or Virginia DMV Control Number 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 issue by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles. Date of Birth (Must be at least 18 years of age.) Mailing Address (PO Box accepted) The mailing address will be printed on the license. City State Zip Code Check here if Street Address is the same as the Mailing Address listed above. PHYSICAL ADDRESS REQUIRED Total Contact Numbers Email address is considered a public record and will be disclosed upon request from a third party. Do you hold a current or expired Home Inspector license, certification or registration issued by any other state, Distri of Columbia or other territory or possession of the United States (excluding Virginia)? No Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of God Standing (dated within the last 30 days) from each state.		Last (required)		First	required)			<u> </u>	Middle						Generation
Virginia DMV Control Number 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 issue 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	2.	Provide at least one of the following identification numbers*:													
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		1 2:													1
OFFICE USE ONLY 1020 SINGLE STATE OF ST	USE	DATE	FEE	TRANS CODE	ENTITY#	1 2	200	١	FILI	⊨#/LICI	ENSE#				ISSUE DATE

	State/Jurisdiction	License, Certification or Registration Number	Expiration Date					
certificati	on/registration number; 2) the initial date of	g, prepared by the state board or regulatory body mu- licensure; 3) the expiration date of the license; 4) the mary actions resulting in a violation or undetermined finding	neans of obtaining licensure					
Have you obta	ained a general liability insurance po	licy with a minimum per occurrence amount of	\$250,000*?					
Yes	If yes, provide a copy of this policy additional insured.	The applicant's name must be listed as the	policy holder or as an					
	ess liability insurance policy or a co	ommercial general insurance policy with minim, provided applicant is listed as an additional in						
Which of the f	following are you using to qualify for	a Virginia Home Inspectors license?						
	ntact hours* of pre-license educatio inspections* completed prior to July	n course completed by a Board-approved trai 1, 2017;	ning provider and 100					
	35 contact hours* of pre-license education course completed by a Board-approved training provider and 50 home inspections completed under the direct supervision of a licensed/certified home inspector*;							
	act hours* of pre-license education course completed by a Board-approved training provider and 5 spections* completed prior to July 1, 2017;							
	•	ourse completed by a Board-approved training pervision of a licensed/certified home inspector	•					
	ars of experience as a home inspe eted during such time frame .	ctor prior to July 1, 2017 and a minimum of	250 home inspections					
		nours for the prelicense education courses may be o	completed using distance					
•	0,	g certificate showing successful completion of pre-	license education course					
* If home	•	e direct supervision of a licensed/certified home	inspector, the License/					
→ If home	inspections were completed prior	to July 1, 2017 without direct supervision from a <u>.og</u> along with your <u>Experience Verification Form</u> .						
Board approv	ed examination must be completed	prior to licensure. Provide the following examin	nation information:					
Exam Date	Exam Vendor	Name						
	Documentation : Attach a copy of a pard-approved examination.	certificate or other documentation showing succe	essful completion of the					
Have you eve body?	er been subject to a <u>disciplinary act</u>	ion taken by <u>any</u> (including Virginia) local, state	e or national regulatory					
No ☐ Yes ☐	If yes, complete the <u>Disciplinary Ac</u>	tion Reporting Form.						
		ty, regardless of the manner of adjudication, in	any jurisdiction of the					

United States of any **felony**? Any plea of nolo contendere shall be considered a conviction.

If yes, complete the <u>Criminal Conviction Reporting Form</u>.

10.

11.

12.

13.

> No Yes

	lave you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the Inited States of any misdemeanor involving moral turpitude, sexual offense, non-marijuana drug distribution or hysical injury within five years of the date the application is submitted? Any plea of nolo contendere shall be onsidered a conviction. No Yes If yes, complete the Criminal Conviction Reporting Form.							
By s	ning 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 <i>Code of Virginia</i> and the <i>Virginia Board for Asbestos, Lead and Home Inspectors;</i> Virginia Home Inspector Licensing Regulations.							
	Signature Date							

15.