

Board for Asbestos, Lead and Home Inspectors
HOME INSPECTOR RENEWAL/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.

Instructions: This form is to be used for the renewal or reinstatement of a Home Inspector License issued by the Board. If this form is not received within 30 days of the license expiration date, a reinstatement fee is also required. If the license **expired more than two (2) years ago**, this form cannot be used and the individual must apply as a new applicant.

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

X	RENEWAL (License that <u>expired</u> less than 30 days)	Fee	X	REINSTATEMENT (License that <u>expired</u> more than 30 days but less than 2 years)	Fee
<input type="checkbox"/>	Home Inspector License	\$45.00	<input type="checkbox"/>	Home Inspector License	\$125.00
<input type="checkbox"/>	Home Inspector w/ NRS Specialty	\$90.00	<input type="checkbox"/>	Home Inspector w/ NRS Specialty	\$170.00

- Provide your Home Inspector license number below:

Virginia License Number

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 Expiration Date* _____

* If your license expired more than 2 years ago, you are required to apply as a new applicant using the Home Inspector License/NRS Specialty Application and meet **all** current entry requirements.

1. 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. Date of Birth _____
MM/DD/YYYY

4. Maiden or Former Name(s) _____

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020		3380	

7. Contact Numbers

Primary Telephone

Alternate Telephone

8. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

9. Have you obtained a general liability insurance policy for a minimum per occurrence amount of \$250,000? *

No ☐ If no, you **cannot** renew your license at this time.

Yes ☐ If yes, provide a copy of this policy. The *applicant* must be listed as the policy holder or as an additional insured.

* A business liability insurance policy or a commercial general liability insurance policy with minimum limit of \$250,000 may 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 ☐ If no, you will **not** be able to renew your license until proof of CPE completion is received.

Yes ☐ If yes, attach certificate of completion or other documentation showing successful completion of the CPE requirement.

NRS license holders: Must also include CPE requirements to maintain the NRS specialty.*

* A licensee who has taken the initial NRS training module to obtain an NRS specialty no more than one year before the expiration date on the license is not required to provide proof of NRS CPE course for renewal. All other requirements for renewal must be met in order to renew the license and the home inspector is still required to have completed all other CPE requirements.

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 *Board for Asbestos, Lead and Home Inspectors*; Home Inspector Licensing Regulations.

Signature

Date