



**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

1. 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to include the attachments listed in questions 1 or 2; unless the information below has changed or if the records are out of date.

2. 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.

3. Trade, "Doing Business As" (DBA) or Fictitious Name _____

4. A. Type of business entity (select only **one**)

- Sole Proprietorship General Partnership Solely Owned LLC ♦ Other, please specify: _____
 Corporation ♦ Limited Partnership ♦ Limited Liability Company ♦

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company

B. State Corporation Commission Number: _____ (If applicable)

➤ Attach a copy of the Certificate of Assumed or Fictitious Name filed with the State Corporation Commission pursuant to §59.1-69 of the Code of Virginia or other proof of registration with the State Corporation Commission.

♦ If the firm/business is a **corporation, limited liability company, or limited partnership**, the firm/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. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

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

5. 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.

6. Mailing Address (PO Box accepted) _____

The mailing address will be printed on the license.

City _____

State _____

Zip Code _____

7. 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 _____

8. Contact Numbers _____

Primary Telephone

Alternate Telephone

Fax

9. Email Address _____

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

10. Contact Person Information:

Name (full Legal Name) _____

Contact No. _____

Mailing Address _____

(if different from above)

City/State/Zip _____

11. 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
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes
				<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.

12. Name of the Course: _____

13. Method of Instruction (Delivery): (Select **all** that apply)

Classroom Distance Learning Online or Other: _____

14. 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.

15. 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 _____

**Preliminary 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.