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

Department of Professional and Occupational Regulation

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
☐	Pre-License Education Course	$250.00
☐	NRS Training Module	$150.00
☐	NRS Continuing Professional Education (CPE)	$150.00

1. Has this business ever been approved as a Training Provider for the Board for 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to include the attachments listed in questions 1 or 2; unless the information below has changed or if the records are out of date.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 Information		Resume Attached
			Phone Number	Email Address	
					◯ No ◯ Yes
					◯ No ◯ Yes
					◯ No ◯ Yes
					◯ No ◯ Yes
					◯ No ◯ 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 ☐ Virtual 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 *Board for Asbestos, Lead and Home Inspectors; Home Inspector Licensing Regulations*.

Print Name _____ Title _____

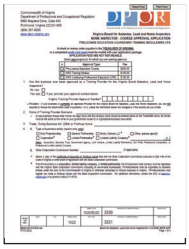
Signature _____ Date _____

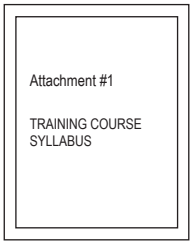
Prelicense Education Course, NRS Training Module and NRS CPE Approval Application

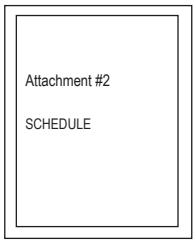
Required Attachments

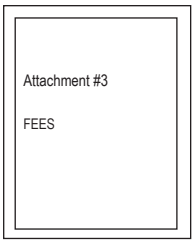
The following attachments must accompany each training course application. Please include a separator page to label each attachment with the number listed below. For example, "Attachment #1: Training Course Syllabus;" "Attachment #2: Schedule;" etc. Please note that the information listed below is required, and applications that do not contain all of the required attachments, in the format and order listed below, may not be submitted for the Board's consideration.

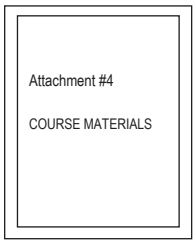
Examples of attachment header sheets:











Attach the following documentation:

Attachment #1 - Training course syllabus.

Attachment #2 - Schedule, if established, including dates, times and locations.

Attachment #3 - Fees for course and materials.

Attachment #4 - Copy of course materials provided to students.

Attachment #5 - 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.