

Board for Asbestos, Lead and Home Inspectors
HOME INSPECTOR NRS SPECIALTY DESIGNATION APPLICATION

Fee \$80.00

- A **NRS specialty (New Residential Structure)** designation) grants a licensed Virginia home inspector authorization to conduct home inspections on **any new residential structure**. Applicants must hold a **valid** Virginia Home Inspector license prior to receiving approval for the NRS specialty and **may not** conduct inspections on new residential structures without this designation.

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.

- Provide your **current Virginia Home Inspector** license number:

Virginia License Number

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 Expiration Date* _____

* If you do not hold a **current** Virginia Home Inspector license, you do **NOT** qualify for a NRS specialty designation.

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. Mailing Address (PO Box accepted)

The mailing address will be
 printed on the license.

 City State Zip Code

5. 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

6. Contact Numbers

 Primary Telephone

 Alternate Telephone

 Fax

7. Email Address _____

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			9020		3380	

8. Applicant must have completed a Board-approved NRS training module no more than two (2) years prior to the date of this application. Provide the following training information*:

Training Date _____ Training Provider Name _____

* **Required Documentation:**

Attach a copy of a certificate of completion for the board approved NRS training module. NOTE: NRS specialty training course is only valid for two (2) years.

9. 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 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 _____