

Board for Asbestos, Lead and Home Inspectors
HOME INSPECTOR QUALIFYING EXPERIENCE VERIFICATION FORM
No Fee Required

Instructions:

This form is to be used to verify full-time qualifying experience obtained by an applicant for a home inspector license pursuant to 18VAC15-40-32.B.1. Multiple forms may be used to verify the required amount of experience. An applicant may not verify their own experience.

Experience must be verified by one or more of the following: **licensed home inspector; qualified individual or responsible manager** of a licensed contractor; or **any combination of at least three licensed real estate professionals or clients**.

Note: This form may not be used to document home inspections completed by the applicant to qualify for licensure.

Applicant - Complete items #1 through #11, then forward this form to the person who is to verify the experience.

Verifier - Complete Items #12 through #20. Return the form to the applicant (for inclusion in their application package). Your prompt response is appreciated.

Section A: Applicant

1. Applicant's 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

			-			-				
--	--	--	---	--	--	---	--	--	--	--

☐ **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 issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Mailing Address _____

City State Zip Code

4. Business/Firm where experience was obtained _____

5. Business/Firm Mailing Address _____

City State Zip Code

6. Applicant's Role/Job Title _____

7. Time period in which the experience was obtained : Start Date _____ - End Date _____
MM/YY MM/YY

8. Indicate the months of full time qualifying experience obtained during the time period above (#7) ★ _____

★ A month of full-time qualifying experience is a minimum of 146 hours during a one-month period or a minimum of 18 workdays in a one-month period. More than 146 hours or 18 workdays during a one-month period will not be considered as more than one month of full-time employment.

9. How was the full time qualifying experience gained?

- ☐ By assisting a properly licensed or certified home inspector, as applicable, and under such home inspector's direct supervision.

Note: Direct supervision means a licensed/certified home inspector was physically present on the premises at all times and was at all times responsible for compliance with the requirements of applicable home inspector laws or regulations.

- ☐ By performing home inspections as authorized by the laws of the jurisdiction where the home inspections were performed.

10. Was the full time qualifying experience listed above gained while the applicant was self-employed? No ☐ Yes ☐

11. Applicant's Signature _____ Date _____

Section B: Verification of Experience

You may duplicate this form to accommodate all your references.

12. Verifier Name _____

13. Employer/Company Name _____

14. Please indicate the best method(s) to contact you should the Board have any questions regarding the information contained in this form.

_____ Primary Telephone _____

_____ Email Address _____

_____ Mailing Address _____

15. What best describes your relationship to the applicant?

- ☐ Client
- ☐ Licensed Home Inspector - provide your VA license number
- ☐ Licensed real estate professional - provide VA license number
- ☐ Responsible Manager or Qualified Individual of a VA licensed contractor - provide the license number

3	3	8	0						
0	2								

2	7								
---	---	--	--	--	--	--	--	--	--

16. Verifier's position held (or relationship to) the employer/firm identified in #12. _____

17. Are the dates entered by the applicant in #7 (in which qualifying experience was obtained) correct?

- ☐ No If no, please explain: _____
- ☐ Yes

18. Is the amount of qualifying experience indicated by the applicant in #8 correct?

- ☐ No If no, please explain: _____
- ☐ Yes

19. Is the applicant's response to #9 correct?

- ☐ No If no, please explain: _____
- ☐ Yes

20. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application.

Verifier's* Signature _____ Date _____

* If the qualifying experience was obtained under the direct supervision of a licensed Home Inspector, **the licensed Home Inspector must sign this form certifying the applicant's experience.**