Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8595
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Department of Professional and Occupational Regulation

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 | 3 | 3 | 8 | 0 | | | | | | | 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* ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***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. 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 _____