



**PROPOSED - APPROVAL NEEDED**

**Virginia 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.

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OFFICE USE ONLY	DATE	FEE	TRANS CODE  9020	ENTITY #	3380	FILE #/LICENSE #	ISSUE DATE
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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 *Virginia Board for Asbestos, Lead and Home Inspectors; Home Inspector Licensing Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_