

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

Experience Verification:

Section A - should be completed by the applicant.

should be completed by the applicant's supervisor, a licensed individual, client or an independent verifier who Section B can verify the applicant's work experience. If the home inspections were completed under the direct supervision of a licensed Home Inspector, the licensed Home Inspector must certify the applicant's experience.

Section A: Applicant

Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.) 1.

	Last (required)	First (required)	Mido	lle	Generation			
2.	Provide at least <u>one</u> of t	he following identification numb	pers*:					
	Social Security N	lumber and/or	-	-				
	<u>Virginia</u> DMV Cor	trol Number						
	 Enter the same identificat 	ion number as used on examination, previo	ous applications or licenses on f	ile with the department.				
		applicant for a license, certificate, registration provide a social security number or a contr						
3.	Mailing Address							
	-	24.			710 0 0 1			
4		City		State	Zip Code			
4.	Applicant's Job Title							
5.	Dates of Employment	From:	To:	Y				
6.	List the number of home	e inspections completed during	the dates of employme	nt listed in question	#A.5:			
7.	Were the inspections lis	ted above (#A.6) completed wh	ile the applicant was se	elf employed?	No 🗌 Yes*			
	* If yes, attach a complete	d <i>Inspection Log</i> along with this comp	pleted experience verificatio	n form.				
8.	Applicant's Signature			Date				
Secti	on B: Verification of Wo	ork Performance You may duplicate this form to	accommodate all your refere	ences.				
1.	Employer/Company Nar	me	-					
2.	Verifier/Supervisor Nam	e						
3.	Contact Numbers							
		Primary Telephon	e Alt	ernate Telephone				

4.	What best describes your relationship to the appl	cant?									
	Supervisor - provide your VA license number (if applicable)										
	Licensed Home Inspector - provide your VA license number										
	Client										
	Other - (i.e. a real estate professional, building official, etc.)										
	If applicable, provide a VA license numbe	:									
5.	How many home inspection(s) has the applicant	completed that you are ver	ifying?	?							
6.	Are the dates of employment (Section A, question	n #5) correct? Yes 🗌] N	lo*_							
	If no, list the correct dates:				_						
7.	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					Dat	te				

* If the home inspection(s) were completed under the direct supervision of a licensed Home Inspector, <u>the licensed Home</u> <u>Inspector must sign this form certifying the applicant's experience</u>.