

# HOME INSPECTION CONTINUING EDUCATION COURSE APPROVAL RENEWAL APPLICATION

## PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash.
- Annual registration period runs from January 1st to December 31<sup>st</sup>. All locations must be approved.
- All instructors must be approved.
- No classes may begin until final approval is granted.

## PLEASE INDICATE THE COURSE, TITLE, CODE NUMBER AND HOURS.

TITLE: \_\_\_\_\_ CODE NUMBER: L- \_\_\_\_\_ COURSE HRS: \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

PRIMARY LOCATION (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #1 (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #2 (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #3 (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance?  
 Yes\*     No    **If Yes\*, attach explanation of change.**

2. Indicate names and signatures of persons authorized to sign course completion certificates.

\_\_\_\_\_  
PRINT NAME \_\_\_\_\_ SIGNATURE OF COORDINATOR \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ ( )  
BUSINESS PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME \_\_\_\_\_ E-MAIL ADDRESS (if any) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY** EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ LABEL [ ]

FEE RECEIVED: \_\_\_\_\_ TO REVENUE: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPROVAL MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIPT #: \_\_\_\_\_

**A fee of \$20 will be charged for any check returned by a bank for insufficient funds.**