



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
P.O. Box 22001  
Albany, NY 12201-2001  
(518) 486-3803  
www.dos.ny.gov

## Home Inspection Continuing Education Course Approval Application

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

- » All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- » 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 a credit card authorization form. Do not send cash.
- » Annual registration period runs from January 1<sup>st</sup> to December 31<sup>st</sup>. All locations must be approved.
- » **Attach to application: a detailed course outline with time sequence and other items listed on page 2 of this application.**

**1. WHAT IS THE TITLE AND LENGTH OF THIS COURSE?** Must be a minimum of 1 hour of instruction and a maximum of 24 hours of instruction.

Title \_\_\_\_\_ Hours \_\_\_\_\_

**2. EDUCATIONAL ORGANIZATION DATA**

SCHOOL/ORGANIZATION NAME \_\_\_\_\_

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

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

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

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

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

HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_

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

**3. PRIMARY COURSE LOCATION**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

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

**4. SECONDARY LOCATIONS**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

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

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

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

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

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

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

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## 5. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

Is this organization an accredited College or University?    Yes    No\*    If No\*, Please complete one of the following:

**INDIVIDUAL:** (Please submit a certified copy of the Trade Name Certificate and complete the following for Owner.)

NAME \_\_\_\_\_ HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

**PARTNERSHIP:** (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME \_\_\_\_\_ HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

**CORPORATION:** (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME \_\_\_\_\_ HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

6. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?  
**Yes\*                  No                  If Yes\*, submit a certified copy of each conviction.**

7. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?  
**Yes\*                  No                  If Yes\*, please provide details.**

**Course Instructors:** All instructors of approved courses must be approved with the Department of State. Applications for home inspection instructor approval are available on our website at [www.dos.ny.gov](http://www.dos.ny.gov) or by request to the Division of Licensing Services, Bureau of Educational Standards. A one time evaluation and filing fee of \$25 is required for each instructor's approval.

## 8. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED.

- a detailed course outline with time sequence.
- a description of materials that will be distributed in the course.
- a listing of the books that will be utilized in the course.
- the procedures for taking attendance.
- list of names and signatures of individuals authorized to sign certificate
- a fee of \$25.

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

Coordinator's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_