

HOME INSPECTION QUALIFYING COURSE SECONDARY LOCATION APPROVAL APPLICATION

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

Use this form ONLY to add a secondary location to a currently approved qualifying program.

- NO FEE is required for secondary location approval.
- Annual registration period runs from January 1st through December 31st.
- All instructors must be approved. No classes may begin until final approval is granted.

PLEASE INDICATE THE COURSE CODE NUMBER FOR EACH MODULE.

(MODULE 1) P-_____ (MODULE 2) P-_____ (MODULE 3) P-_____ (MODULE 4) P-_____

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #4 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #5 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #6 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #7 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

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: _____