



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 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 EFFECTIVE DATE: ___/___/___ EXPIRATION DATE: ___/___/___ ENTERED: ___/___/___ BY: _____

USE ONLY