



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 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.
- » No fees are required for secondary locations.
- » Annual registration period runs from January 1st to December 31st.
- » **Attach to application: a detailed outline with time sequence for each module and the final examination for each module with answer key; reference source; reference page for each question; and where each question falls in the main topics of the curriculum.**
- » **ALL FIVE MODULES MUST BE SUBMITTED TOGETHER ON ONE APPLICATION. Also see items listed on page 2 of this application.**

1. COURSE MODULES & FIELD-BASED TRAINING MODULE

MODULE 1 - 25-HOURS MODULE 2 - 25-HOURS MODULE 3 - 25-HOURS MODULE 4 - 25-HOURS MODULE 5 - 40-HOURS (FIELD-BASED)

EXAMINATIONS FOR MODULES 1 THROUGH 4 MUST BE SUBMITTED WITH THIS APPLICATION. PARTIAL SUBMISSIONS WILL BE RETURNED.

2. EDUCATIONAL ORGANIZATION DATA

SCHOOL 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)

BUSINESS TELEPHONE

()

HOME ADDRESS (NUMBER AND STREET)

HOME TELEPHONE

()

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 - NO FEE REQUIRED FOR THESE LOCATIONS, BUT YOU MUST HAVE A PRIMARY LOCATION.

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)

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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 _____

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 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 outline and time sequence for each module.
- for Module 5, a detailed description of the means for providing the 40 hour field-based training.
- the final examination to be presented for each module (1-4), including the answer key, the reference source, reference page for each question and subject matter category.
- the passing grade for the examinations _____ %.
- a description of materials that will be distributed and the books that will be utilized in the course and final examination.
- the procedure for taking attendance.
- list of names and signatures of individuals authorized to sign certificates
- a fee of \$25 (This fee covers all five modules and locations.)

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 Signature X _____ Date _____