



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
<https://dos.ny.gov>

Home Inspection Qualifying 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). No additional fee required for secondary locations. Fees may be paid by check or money order (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 1st to 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. ALL MODULES MUST BE RENEWED.

(MODULE 1) P- _____ (MODULE 2) P- _____ (MODULE 3) P- _____ (MODULE 4) P- _____ (MODULE 5) P- _____

PLEASE INDICATE THE TYPE OF COURSE:

CLASSROOM INSTRUCTION LIVE DISTANCE EDUCATION (Synchronous with Instructor)

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

CLASSROOM COURSES ONLY 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

- Is any change being made or is any change contemplated in the presentation of any of these modules in the forthcoming year relative to the study material or procedures for taking attendance?
 Yes* **No** If Yes*, attach explanation of change.
- Has or will there be a change in any final examination?
 Yes* **No** If Yes*, attach the final examination, answer key, reference source and page and subject matter category.
- 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: _____
FEE RECEIVED: ___/___/___ TO REVENUE: ___/___/___

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