



STATE OF TENNESSEE  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
DIVISION OF REGULATORY BOARDS  
**Home Inspector Licensing Program**  
500 James Robertson Parkway  
Nashville, TN 37243  
(615) 741-1831  
FAX: 615-253-1692  
[www.tn.gov/commerce/boards/hic](http://www.tn.gov/commerce/boards/hic)

**APPLICATION**

**FOR**

**HOME INSPECTOR PRE-LICENSE EDUCATION PROVIDER**

**FOR OFFICE USE ONLY:** Date \_\_\_\_\_

**Approved:** ( ) Course No. \_\_\_\_\_ **Disapproved** ( ) Please see attached correspondence

NAME OF EDUCATION PROVIDER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ e-mail: \_\_\_\_\_

Person Responsible for Education Program \_\_\_\_\_ Title \_\_\_\_\_

**FORM OF BUSINESS ORGANIZATION:** ( ) Association ( ) Firm ( ) Corporation ( ) College  
( ) University ( ) Other

**COURSE TITLE:** \_\_\_\_\_

*PLEASE SUBMIT THE COURSE CURRICULUM WITH THIS APPLICATION*

**Is this course:** ( ) In-Classroom Instruction ( ) Correspondence ( ) On-line

Number of hours being requested \_\_\_\_\_

**INSTRUCTOR(S):** (a resume for each Instructor per course must be submitted with the application) (additional pages may be attached)

Name of Instructor: \_\_\_\_\_

Title \_\_\_\_\_

Employee of \_\_\_\_\_

As Tennessee has recently filed Public Necessity Rules, which are legal and effective through September 18, 2006,

Home Inspector Pre-license Education Provider

I certify that I am the individual and/or representative responsible for making application to be approved as an Educator Provider in the State of Tennessee. I have read and understand the Home Inspector Licensing Laws, Chapter 65 of the Public Acts of 2005 and the Public Necessity Rules, which are temporary, yet legal and effective through September 18, 2006, and that the courses offered by this education provider for **pre-license** education credit will comply with the criteria in the Home Inspector License Act of 2005.

\_\_\_\_\_  
Education Provider Name

\_\_\_\_\_  
Signature of Person(s) Responsible

\_\_\_\_\_  
Print name of Person Responsible

\_\_\_\_\_  
Date

**MAIL APPLICATION TO:**  
Department of Commerce and Insurance  
Home Inspector Licensing Program  
500 James Robertson Pkwy.  
Nashville, TN 37243