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Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8595
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Board for Asbestos, Lead and Home Inspectors

HOME INSPECTORS - UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION

➢ **DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.**

A check or money order payable to the TREASURER OF VIRGINIA,
***or* a completed credit card insert must be mailed with your application package.**
APPLICATION FEES ARE NOT REFUNDABLE.

Select **one** license type you are requesting:

X	License Type	Trans	Fee
☐	3380 - Licensed Home Inspector	1020	$94.50*
☐	3380 - Unlicensed Home Inspector - ULR by exam	1020	$94.50*

1. Have you ever held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation?
   No ☐ Yes ☐

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

   Last (required) _____ First (required) _____ Middle _____ Generation _____

3. Provide at least **one** of the following identification numbers✳:
   ☐ ***Social Security Number*** *and* ☐☐☐ - ☐☐ - ☐☐☐☐
   ☐ ***Virginia*** DMV Control Number ☐☐☐☐☐☐☐☐☐

   ➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

   ✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the ***Virginia*** Department of Motor Vehicles.

4. Date of Birth _____ (Must be 18 years of age.)
   MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (P.O. Box accepted)
   The mailing address will be printed on the license.

   _____
   APT/Unit # _____
   City _____ State _____ Zip Code _____

7. Street Address (P.O. Box not accepted)
   PHYSICAL ADDRESS REQUIRED

   ☐ Check here if Street Address is the same as the Mailing Address listed above.

   Street Address _____
   APT/Unit # _____
   City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE

**Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year.*

8. Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone)

9. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

10. Applicants who hold a ***current*** license/certificate:

A. Do you hold a ***current*** (non-Virginia) license or certificate issued by a regulatory board or government entity?

- No ☐ If no, skip to question #11.
- Yes ☐ If yes, have you held this license/certificate for at least one year?
  - No ☐ If no, you do not qualify for the Universal license. You may apply by using the Board's license application.
  - Yes ☐

B. Did your current state or your state of original licensure/certification require you to pass an examination?

- No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.
- Yes ☐ If yes, did that state require you to complete any education, training and/or experience requirements to obtain this license/certificate?
  - No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.
  - Yes ☐

C. Complete the following table and include all **current** and **expired** licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.

A *Certification of Licensure/Letter of Good Standing*◆ must be emailed from the state board/regulatory body directly to the **Board for Asbestos, Lead, and Home Inspectors** at alhi@dpor.virginia.gov and must be dated within the last 90 days from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Did you pass an examination?	Expiration Date
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	

◆ *Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.*

Certification can be emailed to alhi@dpor.virginia.gov, faxed to 877-340-9616 *or mailed to:*
Board for Asbestos, Lead,and Home Inspectors, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

D. Do you have any unresolved complaints or investigations pending against you at the time you submitted this application?

- No ☐
- Yes ☐ If yes, please give a brief description of this complaint/pending investigation:

Skip to question #12.

11. For applicants who **do not hold a current** license or certificate.

A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does not regulate your profession?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's exam & license application.

Yes ☐ If yes, have you worked in this profession for a least three years?

No ☐ If no, you do not qualify for a Universal License at this time. You may apply using the Board's exam and license application.

Yes ☐

B. Have you ever passed an examination for this profession in any state or territory of the United States?

No ☐ If no, you **will** be required to take the Virginia examination upon the Board's review of your application. Applicant will be notified by the Board when they are eligible to sit for the examination.

Yes ☐ If yes, provide the following information about the examination:

State/Jurisdiction: _____ Date of Examination _____ (MM/YYYY)

Required Documentation: *Attach a copy of a certificate or other documentation showing successful completion of the National/Board-approved examination.*

C. List all the state or jurisdiction of the United States where you have practiced this profession:

State/Jurisdiction	Profession/Occupation	Dates of Employment	
		Start (MM/YY)	Finished (MM/YY)

D. An *Experience Verification Form* must be complete and submitted along with this application. Is one attached?

No ☐ Yes ☐

- *Experience Verification Form* is located here: https://www.dpor.virginia.gov/sites/default/files/boards/ALHI/A506-3380EXP_pdf.pdf

12. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

13. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within **five years** of the date the application is submitted? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

14. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 5, of the *Code of Virginia* and the *Virginia Board for Asbestos, Lead and Home Inspectors; Virginia Home Inspector Licensing Regulations*.

Signature _____ Date _____