

# 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 USE ONLY EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_ ENTERED: \_\_\_/\_\_\_/\_\_\_ BY: \_\_\_\_\_