



TEXAS DEPARTMENT OF INSURANCE
 Commercial Property Oversight Inspections
 P.O. Box 149104, Mail Code 103-1D
 Austin, Texas 78714-9104
 (512) 322-2259

APPLICATION FOR RESIDENTIAL PROPERTY INSPECTOR LICENSE/CERTIFICATION

Pursuant to Article 5.33B, Texas Insurance Code and Title 28, Texas Administrative Code, Section 5.3800, Voluntary Inspection Program, the following information is required in order to process the application for Inspector of Residential Property. If qualifications are approved, Certificates of Insurability for residential property may be issued to Texas policyholders under the authority of the above statute.

PART I

INSTRUCTIONS: Complete Part I, Personal Data, and proceed to Part II.

PERSONAL DATA

NAME: _____ DATE OF BIRTH: _____
Last First MI

TITLE OR POSITION: _____ EMPLOYER: _____

BUSINESS MAILING ADDRESS: _____ TX
St./P. O. Box City County State Zip Code

HOME MAILING ADDRESS: _____ TX
St./P. O. Box City County State Zip Code

Which Address Should Be Used For Correspondence? BUSINESS HOME (check one)

BUSINESS PHONE:() _____ HOME PHONE:() _____ SSN: _ _ - _ - _ _ _

PART II

INSTRUCTIONS: If qualifying for certification through a professional license or certification, complete Section A. If qualifying through education, training and experience, complete Section B and Section C. *Signature and date are required by all applicants.*

Section A CURRENT PROFESSIONAL REGISTRATIONS OR LICENSES OR CERTIFICATES

Enclose a copy of current license/certificate

- () Licensed to perform real property inspections under the Real Estate Licensing Act

License # Type of License
- () Certified Building Official or Building Inspector

Certificate # Category Model Code Organization
- () Licensed Insurance Adjuster

License # Type Recording
- () Licensed Agent

License #
- () Solicitor for a Local Recording Agent

License #

() TEXAS Registered Professional Engineer

License #

Section B EDUCATION

1. COLLEGE EDUCATION

If qualification is based partially on education, enclose a copy of the college transcript.

College or University	City, State	Attend From/To	Semester Hours Completed	Course/Major	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. OTHER REAL PROPERTY INSPECTION RELATED TRAINING

List Insurance and Safety Courses, Correspondence Courses and Organizations.

Enclose a copy of any Certificates.

Course Name	Institution	Length of Course	When Completed	Certificate of Completion Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section C PROFESSIONAL REAL PROPERTY INSPECTION EXPERIENCE RECORD

Name of Employer: _____

Employer Address: _____
St./PO Box City State Zip Code

Dates of Employment: _____ From _____ To _____ Position or Title: _____

Supervisor: _____ Name Title Supervisor's current telephone number: _____

Percentage of time/month spent on listed inspection work: _____%

DESCRIPTION OF REAL PROPERTY INSPECTION EXPERIENCE List in chronological order with current experience first.

Explicit explanation of actual job performance is **REQUIRED**.

(Document additional employment history and information using copies of format as shown on page 4.)

1. Exclusive of traffic citations and first offense DWI, have you ever been charged (by indictment, information, or any other instrument) or convicted of any crime or offense; or had any charge, crime or offense expunged from your records; or had adjudication deferred on any charge, crime or offense; or served any period of probation for any charge, crime or offense in the state of Texas, any other state or the federal government? If "Yes", please give details on a separate page.

Yes No

2. Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, or partner, ever been the subject of an administrative or legal action filed by Texas or any other

insurance department; or an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance laws? If "Yes", please give details on a separate page.

Yes

No

3. Have you previously held or do you currently hold any license or registration from the Texas Department of Insurance? Yes No

If "Yes" attach a list of all types licenses and/or registrations and years held on a separate sheet of paper, and enclose with this application.

4. Are you employed by the Texas Department of Insurance? Yes No

Note: If you answered "Yes" to any of the preceding questions, you must provide full information with dates and complete details on a separate sheet of paper. Incomplete applications will be returned.

I certify that the preceding statements, including attachments, are accurate to the best of my knowledge and I authorize the Texas Department of Insurance to verify the information. I understand that any **falsification** of information in this application form, including attachments, shall be cause for **rejection** of application.

Signature (in ink)

Date

**Return application to: Texas Department of Insurance
Commercial Property Oversight Inspections
Mail Code 103-1D
P. O. Box 149104
Austin, Texas 78714-9104**

For further information or questions, contact (512) 322-2259, Fax (512) 322-3515

Section C PROFESSIONAL REAL PROPERTY INSPECTION EXPERIENCE RECORD (continuation)
(Reproduce as many times as needed.)

Name of Employer: _____

Employer Address: _____
St./PO Box City State Zip Code

Dates of Employment: _____ Position or Title: _____
From To

Supervisor: _____ Supervisor's current telephone number: _____
Name Title

Percentage of time/month spent on listed safety work: _____%

DESCRIPTION OF REAL PROPERTY INSPECTION EXPERIENCE List in chronological order with current experience first.
Explicit explanation of actual job performance is REQUIRED.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.