

**NORTH CAROLINA
HOME INSPECTOR LICENSURE BOARD**
1202 Mail Service Center
Raleigh, NC 27699-1202
919-662-4480

FOR BOARD USE
Date: _____
Comment: _____

Code # _____

CONTINUING EDUCATION ELECTIVE COURSE SPONSOR APPLICATION

Please read the "Continuing Education Elective Course Rules" in their entirety prior to completing this application.

Complete and submit with this form a Continuing Education Elective Course Application for each course proposed to be offered by the applicant and Elective Course Instructor Qualifications Statements for each prospective Instructor.

1. **Legal Name of Applicant** _____

2. **Assumed Business Name** _____
[Provide the official name to be used in connection with offering continuing education courses if different from legal name.]

3. **Address** _____
 (Provide Street Address and also P.O. Box if any & include zip for both)

_____ (City) _____ (State) _____ (Street Address Zip) _____ (P.O. Box Zip) _____ (_____) _____ (Phone)

4. **Continuing Education Coordinator** _____ Phone () _____

[Name the individual responsible for coordinating all the sponsor's home inspector continuing education courses and for complying with the requirements prescribed in Rule .1330.]

5. **Type of Business Entity** *[Indicate the applicant's legal form of business and check all that apply.]*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Association |
| <input type="checkbox"/> Community College | <input type="checkbox"/> College/University | <input type="checkbox"/> Junior College | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Licensed Private Business School | <input type="checkbox"/> Licensed Private Home Inspector | | |
| <input type="checkbox"/> Other [Specify] _____ | | | |

6. **Owners of Business** *[List all business owners with a 10 percent or greater ownership interest in the business. Indicate "N/A" if the applicant is a licensed or accredited educational institution or a non-profit entity. Attach additional sheet if needed.]*

Name

Name

Name

Name

7. **Major Officers of Business** [List the names and titles of the major officers (president, vice-president(s), secretary, treasurer, etc.) of the business. Indicate "N/A" if the applicant is a licensed or accredited educational institution. For a **non-profit** entity, list only the chief administrative officer. Attach additional sheet if needed.]

_____	_____
Name	Name
_____	_____
Name	Name
_____	_____
Name	Name

8. Has any person listed in Items 1, 4, 6 or 7 above ever been convicted of any **criminal offense** (other than a minor traffic offense) or is there any criminal charge currently pending against such person? [If "YES" attach a statement providing full details.]
- YES** **NO**
-

9. Has any person (or other entity) listed in Items 1, 4, 6 or 7 above ever had a **business or professional license** of any type **denied, revoked or suspended** in this or any other state or country? [If "Yes", attach a statement providing full details.]
- YES** **NO**
-

10. **Out-of-State Sponsor** [An applicant with an out-of-state business address (or residence address if a sole proprietor with no separate place of business) must submit a completed "Consent to Service of Process and Pleadings" form. Not required with a **renewal** application.]

11. **Name(s) of Proposed Elective Course(s)**
 [Attach an Elective Course Application form for each course the applicant wishes to sponsor. List the names of the courses in the space provided below, and submit payment of \$150 per course. Attach additional sheet if needed.]

12. **Signature and Certification of Applicant**

I hereby certify that all information submitted in connection with this application is accurate to the best of my knowledge and belief.

I further certify that the applicant and all persons in its employ will fully comply with the requirements of the North Carolina Home Inspector Licensure Board regarding the conduct of continuing education courses.

I further certify that, except for obtaining approval of the North Carolina Home Inspector Licensure Board to conduct home inspection continuing education courses, the applicant has complied with all legal requirements to engage in business in North Carolina.

_____	_____
Name	Title
_____	_____
Signature	Date

Application must be signed by the owner (if a sole proprietorship), a managing partner (if partnership), or a major officer authorized to submit such application (for other types of business entities). If applicant is an accredited community college, college/university or junior college, the application must be signed by the vice-president or dean responsible for the institution's continuing education program (or by the institution's president).