

STATE of ALABAMA

Department of Finance – Real Property Management – Division of Construction Management
HOME INSPECTION DIVISION

P O Box 301150

MONTGOMERY, AL. 36130-3054

Telephone (334)-242-4802 Fax (334)-353-7948

VERIFICATION OF QUALIFIED HOME INSPECTOR PARTICIPANT SUPERVISION

INSTRUCTIONS: Each of an applicant's supervising home inspector(s) completes and signs this form.

1. Qualified HI Supervisor's Name: _____
Last First

2. Participating Applicant's Name: _____
Last First

3. Do you hold an Alabama Home Inspector license? If no, please attach an addendum proving qualification as in accordance with ALABAMA HOME INSPECTORS REGISTRATION PROGRAM (RULE 355-17-1-.06 (d)) If yes, enter state of AL License: HI- _____

4. Business Address:

5. Phone: _____ Email: _____

6. I certify that the applicant named above participated in _____ home inspections under my supervision.

Supervisor Signature: _____

Date: _____

Return the signed, completed form directly to the office at the address above.