



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF HOME INSPECTORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

VERIFICATION OF HOME INSPECTOR TRAINEE SUPERVISION

INSTRUCTIONS

Complete this form when...

- applying for a Delaware license as a Home Inspector, or
- reporting a change in supervision.

When applying for your Home Inspector License...

- Trainee Applicant must provide the Application ID of their Home Inspector Licensure application on this document.
- Each of a Trainee applicant's supervising home inspector(s) completes and signs a copy of this form.

TRAINEE APPLICANT'S APPLICATION ID: _____

When your supervising home inspector changes...

- Use the *Manage Affiliations* Service Request in DELPROS to provide details regarding the change. Upload the completed, notarized document with your Service Request.

1. Trainee Applicant's Name: _____
Last First Middle Initial

2. Supervisor's Name: _____
Last First Middle Initial

3. Do you hold a Delaware Home Inspector license? Yes No If no, STOP – you cannot supervise a trainee. If yes, enter DE License: H4- _____

4. *Business Address:* _____
City State Zip code

5. Phone: _____ Email: _____

6. I certify that the applicant named above will assist in completing home inspection reports and may co-sign the home inspection under my supervision. Yes No

7. Do you certify that you will:

- *actively* and *personally* supervise the trainee? Yes No
- review and sign the home inspection report? Yes No
- accept total responsibility for the home inspection report? Yes No
- review and approve the trainee's *Experience Log* and provide copies of any home inspection reports the trainee assisted in preparing as requested by the Board? Yes No
- comply with all rules and policies for supervisory home inspectors? Yes No
- only assign work to the trainee if the trainee is competent to perform such work? Yes No
- not charge the trainee any fee or other item of value as a condition of supervision? Yes No
- not require a trainee to execute a non-compete contract as a condition of supervision? Yes No

8. Do you supervise anyone other than the trainee named above? Yes No If yes, enter the information at right.

NAME OF TRAINEE/LICENSEE	LICENSE NUMBER	JURISDICTION

9. Do you agree to notify the Board in writing when you are no longer supervising the trainee? Yes No

Supervisor Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My commission expires: _____

If this is an application for licensure, mail the signed, completed, notarized document *directly* to the Board office at the address above.

If this is a submission for the *Manage Affiliations* Service Request, upload the signed, completed, notarized document with your request.