



TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - Loss Control Program (104-LC)

333 Guadalupe, Austin, Texas 78701 \* PO Box 149104, Austin, Texas 78714-9104
(512) 676-6750 | F: (512) 490-1048 | (800) 578-4677 | TDI.texas.gov | @TexasTDI



VIP APPLICATION FOR RESIDENTIAL PROPERTY INSPECTOR LICENSE/CERTIFICATION

Pursuant to Article 2003.101, 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: Last First Middle Name DATE OF BIRTH:

TITLE OR POSITION: EMPLOYER:

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

HOME MAILING ADDRESS: 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 copy of current license/certificate.

- Licensed to perform real property inspections under the Real Estate Licensing Act
Certified Building Official or Building Inspector
Licensed Insurance Adjuster
Licensed Local Recording Agent
Solicitor for a Local Recording Agent
TEXAS Registered Professional Engineer

**Section B COLLEGE EDUCATION**

1. COLLEGE EDUCATION

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

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

2. OTHER REAL PROPERTY INSPECTION RELATED TRAINING

List Insurance and Safety Courses, Correspondence Courses and Organizations.

**Enclose a copy of any Certificates.**

<u>Course Name</u>	<u>Institution</u>	<u>Length of Course</u>	<u>When Completed</u>	<u>Certificate of Completion Issued</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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  
Loss Control Program  
Mail Code 104-LC  
P. O. Box 149104  
Austin, Texas 78714-9104**

**For further information or questions, contact (512) 676-6750, Fax (512) 490-1048.**

**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: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Position or Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Supervisor's current telephone number: \_\_\_\_\_

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 General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*