

VIP Application for Residential Property Inspector License / Certification (VIP-3)

Pursuant to Article 2003.101, **Texas Insurance Code (TIC) and Title 28, Texas Administrative Code (TAC), Section 5.3800, Voluntary Inspection Program (VIP)**, the following information is required 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.

Personal Data

Name _____ Date of Birth _____

Title or Position _____ Employer _____

Business mailing address

Street address or route _____

City _____ State _____ ZIP _____

Home mailing address

Street address or route _____

City _____ State _____ ZIP _____

Which address should be used for correspondence? Business Home

Business Phone _____ Home Phone _____ SSN _____

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 Act

License number _____ Type of license _____

Certified Building Official / Building Inspector

Certificate number _____ Category _____ Model Code Organization _____

Licensed Insurance Adjuster

License number _____ Type of license _____

- Licensed Local Recording Agent
License number _____
- Solicitor for a Local Recording Agent
License number _____
- Texas Registered Professional Engineer
License number _____

Section B

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	Course / major	Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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	Completion Date	Certificate of completion issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section C

Professional real property inspection experience record

Name of employer _____

Employer address
Street address or route _____

City _____ State _____ ZIP _____

Employment dates: From _____ To _____ Position or Title _____

Supervisor name _____ Supervisor title _____

Supervisor's 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 5.)

- 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

- 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

- Have you previously held, or do you currently hold any license or registration from the Texas Department of Insurance? If "Yes" attach a list of all types of licenses and/or registrations and years held on a separate sheet of paper and enclose with this application.

Yes No

- Are you employed by the Texas Department of Insurance?

Yes No

Note: If you answered "Yes" to any of the preceding questions, attach one of the following:

- **An original, certified copy of: (1) the indictment or charging document, (2) conviction, (3) order deferring adjudication, and / or (4) judgment and conditions of probation from the appropriate jurisdiction. This is needed for each crime or offense; or**
- **A statement that explains that you already sent information about the crime or offense to the Texas Department of Insurance.**

Certification

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

How to submit this form

For Texas Department of Insurance inspections, mail or email the completed form to:

Texas Department of Insurance

Voluntary Inspection Program, PC-INSP

P.O. Box 12030

Austin, TX 78711-2030

Email: VIP@tdi.texas.gov

Questions?

Call the Voluntary Inspection Program at 512-676-6750.

Section C (continuation)

Professional real property inspection experience record

Name of employer _____

Employer address

Street address or route _____

City _____ State _____ ZIP _____

Employment dates: From _____ To _____ Position or Title _____

Supervisor name _____ Supervisor title _____

Supervisor's 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**.
