



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
HOME INSPECTION LICENSING BOARD
 Telephone (860) 713-6145 Fax (860) 713-7230

HOME INSPECTION SCHOOL APPLICATION

In order to be approved as an "Home Inspection School" by the Home Inspector Licensing Board and thus be able to offer Home Inspection courses, each school must agree to abide by the requirements below as set forth within the Connecticut General Statutes.

All approved schools shall:

1. Obtain approval from the Home Inspector Licensing Board for **each** course before a course is conducted, importantly, gain approval **before** a topic is advertised for offering;
2. Be responsible for keeping course material current and accurate;
3. Permit the Home Inspection Licensing Board, without prior notice, to visit the school and observe the instruction given to insure proper standards as to method and content of any approved courses;
4. Conduct each course of study in a classroom or other facility which is adequate to implement the offering. No course shall be conducted in a classroom location that is not approved by the local Fire Marshal for such use. Courses shall not be held on the premises of a Home Inspection Office.
5. Abide by the Regulations established under Sections 20-491-15 through 20-491-26 for Home Inspection Pre-Licensing and Home Inspection Continuing Education.

School approval or course approval may be withdrawn by the Home Inspection Licensing Board for failure by the school or its representatives to comply with the provisions of Sections 20-491-15 through 20-491-26 for Home Inspection Pre-Licensing and Home Inspection Continuing Education of said Regulations. In addition, all approved schools or applicant schools shall cooperate with the Department staff if such school is contacted in connection with any inquiry or investigation performed by the Department of Consumer Protection concerning possible violations of Home Inspection licensure statutes or regulations. No representatives of approved schools shall make any untruthful or misleading statements in connection with any Department of Consumer Protection or Home Inspection Licensing Board inquiry, investigation or hearing.

I affirm that the school I am duly authorized to represent is now and will remain in full compliance with Connecticut Statutes and Regulations as set forth above.

Name of School

Street Address of School

Street Address of School

City, State, and Zip Code

Name of Authorized School Representative

Title of Authorized School Representative

Signature of Authorized School Representative

Date

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HOME INSPECTION COURSE APPLICATION FOR PRE-LICENSING

School Name: _____

Telephone Number: _____ Fax Number: _____

Instructor Name(s): _____

Course Name: _____ Classroom Hours: _____

Course Content: _____

Location of Course: _____

New Course

Renew Course *

Update Course *

The application for each course shall include, but not be limited to the following:

	Checklist			Home Inspection Use Only
	Yes	No	N/A	
1. Detailed course outline/syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Instructors' lecture guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Copy of text and/or related teaching materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Copy of final examination with answer key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Copy of any quizzes, exams and answer keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Description of grading system to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Copy of affidavits and sample of grade letter or certificates to be issued **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Copy of all proposed advertising and publicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Seminars and indoctrination attended by instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Locations of all classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Names, addresses, and qualifications or resumes of all instructors to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Tuition, other related costs (cancellation and refund policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Policy regarding attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fire Marshal form for each classroom location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks: _____

Name of Authorized School Representative: _____

Signature of Authorized School Representative *Date*

* If renewal or updated course, you may not be required to submit all documents from the checklist. If nothing is submitted, check **N/A**.

** Certificates shall be on official school stationary showing: school name, school code (which will be given to you **After** the school is approved by Home Inspector Licensing Board), name of licensee, name of course, classroom hours, final numerical grade or letter grade for the course, and signature of school official.

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HOME INSPECTION COURSE APPLICATION FOR CONTINUING EDUCATION

School Name: _____

Telephone Number: _____ Fax Number: _____

Course Name: _____

Course Content: _____

Instructor Name(s): _____

Date(s) of Course: _____

Classroom Hours: _____ (must be 1 hour or more)

Business Law Course Hours _____ (must be 3 hour or more)

Location of Course: _____

New Course

Renew Course *

Update Course *

The application for each course shall include, but not be limited to the following:

	Checklist			Home Inspection Licensing Use Only
	Yes	No	N/A	
1. Detailed course outline/syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Instructors' lecture guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Copy of text and/or related teaching materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Copy of affidavits and certificates or sample of certificate to be issued **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Copy of all proposed advertising/publicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Locations of all classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Name, addresses, and qualifications or resumes of all instructors to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Tuition, other related costs (cancellation and refund policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Policy regarding attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Fire Marshal form for each classroom location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: Please refer to the Regulation for Home Inspection for *Home Inspection Continuing Education Course Content*. The Regulation can be accessed on www.ct.gov/dcp.

Name of Authorized School Representative: _____

Signature of Authorized School Representative

Date

* If renewal or updated course, you may not be required to submit all documents from the checklist.
If nothing is submitted, check **N/A**.

** Certificates shall be on official school stationary showing name of licensee, name of course, classroom hours,
and signature of school official.

**Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal**



STATE OF CONNECTICUT

On (date) _____, the (Town/City) _____ Office of the Fire Marshal conducted an inspection of (name of facility) _____ located at (address) _____ in the City/Town of _____ to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) _____ (occupancy classification) _____ as classified by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified.
Certificate of approval recommended.
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptance plan of correction was submitted.
(See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted.
(See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to the public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public.
(See attached information) **Certificate of approval NOT recommended.**

Fire Marshal

Date

City or Town: _____

Please **return this page** by mail or fax to (860) 713-7230

From:

School Name:

To:

**CONSUMER PROTECTION
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
HOME INSPECTION LICENSING BOARD
DEPARTMENT OF CONSUMER PROTECTION
165 CAPITOL AVENUE ROOM 110
HARTFORD CT 06106**

SCHOOL INFORMATION

School Name: _____

Address: _____
(Street, PO Box, Etc.)

Address: _____
(Street, PO Box, Etc.)

City, State, Zip Code: _____

Home Inspection Courses offered for - check box(es):

- 1) Home Inspection **Pre-licensing** for Home Inspectors or **interns**
- 2) Home Inspection **Continuing Education** for Home Inspectors

Telephone (1): (____) _____ - _____ Telephone (2): (____) _____ - _____

Fax: (____) _____ - _____ E-Mail _____

Contact Person: _____
(First and Last Name) (Title)

Signed by: _____
(First and Last Name) (Signature) (Date)

Please **return this page** by mail or fax to (860) 713-7230

From: School Name: _____

To: **CONSUMER PROTECTION
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
HOME INSPECTION LICENSING BOARD
DEPARTMENT OF CONSUMER PROTECTION
165 CAPITOL AVENUE ROOM 110
HARTFORD CT 06106**

Home Inspection Office/Home Inspection Franchise Information	
Business Name:	_____
Business Address:	_____ <i>(Street, PO Box, Etc.)</i> _____ <i>(Street, PO Box, Etc.)</i>
City, State, Zip Code:	_____ <i>(City) (State) (Zip Code)</i>
Contact Person (1):	_____ <i>(First and Last Name) (Title)</i>
Telephone (1):	(_____) _____ - _____ <i>(Business) (Home)</i>
Contact Person (2):	_____ <i>(First and Last Name) (Title)</i>
Telephone (2):	(_____) _____ - _____ <i>(Business) (Home)</i>
Contact Person (3):	_____ <i>(First and Last Name) (Title)</i>
Telephone (3):	(_____) _____ - _____ <i>(Business) (Home)</i>
Fax (1)	(_____) _____ - _____
Fax (2)	(_____) _____ - _____
E-Mail:	_____
Remark:	_____

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
EVALUATION FORM FOR EDUCATION COURSE
 (To Be Filled Out By Student)

DATE: _____ PHONE: _____

STUDENT NAME: _____

INSTRUCTOR NAME: _____

SCHOOL NAME: _____

COURSE NAME: _____

PRE LICENSE/CERTIFICATION COURSE CONTINUING EDUCATION

LOCATION OF CLASS: _____

TIME: _____ DATE _____
 (Class held) (Class held)

The Occupational & Professional Licensing Division of Connecticut requests that each instructor be evaluated by the students at the end of the course. Please rate your instructor and course on a scale of one to four in the following categories. Circle your choice.

INSTRUCTOR		POOR	FAIR	GOOD	VERY GOOD
1.	Started and ended class on time	1	2	3	4
2.	Instructor's delivery of subject matter	1	2	3	4
3.	Level of preparation for the class	1	2	3	4
4.	Knowledge of the subject	1	2	3	4
5.	Ability to answer questions	1	2	3	4
6.	Rapport with the class	1	2	3	4
7.	Made learning enjoyable	1	2	3	4
8.	Enthusiasm	1	2	3	4
9.	Depth of coverage	1	2	3	4
10.	Taught the course as it was advertised	1	2	3	4
11.	Gave me information that will benefit	1	2	3	4
12.	Overall evaluation of the course	1	2	3	4
13.	Registration process	1	2	3	4
14.	Staff handled in a professional manner	1	2	3	4
15.	Materials (handouts)	1	2	3	4
16.	Course content	1	2	3	4
17.	Overall evaluation of the course	1	2	3	4

Comments: _____

Mail to: Richard M. Hurlburt, Director
 Department of Consumer Protection
 Occupational & Professional Licensing Division
 165 Capitol Avenue
 Hartford, CT 06106
 (860) 713-6145

