



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
HOME INSPECTOR LICENSING PROGRAM
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1138
615-741-1831

INDIVIDUAL COURSE APPROVAL

SECTION I. NAME OF COURSE

SECTION II. NAME OF ORGANIZATION OFFERING COURSE

SECTION III. LOCATION
(be as specific as possible listing building name, street address, city, state and zip code)

SECTION IV. OTHER ENTITIES THAT HAVE APPROVED COURSE, i.e., STATES, COUNTIES, ETC. (if known)

SECTION V. PROVIDE A LIST OF TOPICS (include an outline or detailed brochure if available)

SECTION VI. QUALIFICATIONS OF INSTRUCTOR (if available)

SECTION VII. EXAMINATION

YES _____

NO _____

SECTION VIII. CLASSROOM INFORMATION

NUMBER OF CLASSROOM HOURS _____ LENGTH OF EXAM _____

SECTION IX. ATTACH A COPY OF CERTIFICATE, LETTER, OR OTHER DOCUMENT TO SHOW SUCCESSFUL COMPLETION OF COURSE

HOME INSPECTOR LICENSEE NAME

LICENSE#