

## New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors
Home Inspection Advisory Committee
124 Halsey Street, 3rd Floor, P.O. Box 45043
Newark, New Jersey 07101
(973) 504-6233

## Certification of Providing Direct On-Site Supervision For a Home Inspector Applicant

The purpose of this form is as follows: A New Jersey licensed Home Inspector must attest to the fact that he or she has been present for and provided direct supervision to the applicant for licensure as a Home Inspector during the applicant's performance of the 250 required inspections and/or 40 hours of field inspections provided by an approved school. Additionally, the New Jersey licensed Home Inspector must take full responsibility for the inspections and any report produced from said inspections. [See N.J.S.A. 45:8-68 et seq. and N.J.A.C. 13:40-15.6a]

## <u>Certification of Direct On-Site Supervision</u>

, in completing this certification for the Home

training inspecti	ons to	(name of applicant) i	n his or her quest to
qualify as a Ho	me Inspector. These inspections were performed	during the period of/	through $\underline{\hspace{1cm}}/\underline{\hspace{1cm}}$ . Each
inspection has b	een identified below.	Mo.	Yr. Mo. Yr.
I (the appli	cant) further swear (or affirm) that I have read $\underline{N}$	<u>I.J.S.A.</u> 45:8-61 <u>et</u> <u>seq</u> ., togeth	er with the Rules and
Regulations of the	he Home Inspection Advisory Committee, N.J.A.C	<u>.</u> 13:40-15.1 through 15.23, and	d fully understand that
in receiving lice	nsure from the Committee, I have bound myself to	be governed by N.J.S.A. 45:8-6	61 et seq. and N.J.A.C.
13:40-15.1 throu	igh 15.23.		
	Signature of licensee	New Jersey Ho	me Inspection License Number
	Signature of applicant	N I	sey Application Number
	Signature of applicant		
		11011 001.	Tumber
Date of			1
Date of Inspection	Location	Client's Name	Contact Telephone Number
			Contact Telephone