**Home Inspector Qualification Certification**

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| --- | --- |
| **Rehabilitation Coordinator:**  | **Contract Number:**  |
| **Inspector Name:**  |
| **Inspector Address:** |
| **Inspector Phone:**  | **Inspector Email:**  |

I, , certify that I am a:

[ ]  Professional Inspector, with an active license issued by the Texas Real Estate Commission (TREC), Inspector’s TREC license no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

**OR**

[ ]  Qualified Inspection Individual specifically described as:

Certified by the Administrator that the individual has professional certifications, relevant education or minimum five (5) years experience in a field directly related to home inspection, including but not limited to installing, servicing, repairing or maintaining the structural, mechanical, plumbing and electrical systems found in Single Family Housing Units, as evidenced by inspection logs, certifications, training courses or other documentation.

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Signature of Inspector Date

**Rehabilitation Coordinator Certification**

Rehabilitation Coordinator hereby certifies all documentation provided by the above-referenced Inspector’s qualifications has been examined and meet the requirements as described above.

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Signature of Rehab Coordinator Date