

Applicant Name _____

TO BE COMPLETED BY CERTIFIED HOME INSPECTOR

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certification to conduct home inspections in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages if necessary.

Your Name _____ Address _____

City, State, Zip _____ Telephone _____

Is this applicant related to you by blood or marriage? Yes No

Give the last date you personally supervised and examined the applicant's work: Date _____

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Poor	Don't Know
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character & Reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REMARKS: _____

Do you believe the applicant is qualified for certification? Yes No Don't Know

If you marked "No" or "Don't Know" please explain on a separate sheet.

I swear or affirm under penalty of law that the parallel inspections identified on the attached log and signed off by me were conducted by the identified applicant and were reviewed by me. I certify that these inspections meet the requirements of R4-30-301.01

Signature: _____

Date _____