

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

INSPECTOR OF STRUCTURES – INSPECTION OBSERVATION LOG

NAC 645D.210 Requirements for certificate as certified residential inspector. ([NRS 645D.120](#))

1. An applicant for a certificate as a certified residential inspector:
 - (a) Must furnish proof satisfactory to the Division that he has successfully completed:
 - (1) Not less than 40 hours of academic instruction in subjects related to structural inspections in courses approved by the Division.
 - (2) An examination approved by the Division.
 - (3) The observation of at least 25 inspections performed by:
 - (I) A certified general inspector or a certified master inspector for a fee; or
 - (II) An instructor approved by the Administrator.
 - (b) Must possess a high school diploma or its equivalent.
 - (c) Must demonstrate his ability to produce a complete and credible inspection report according to the standards and requirements set forth in [NAC 645D.460](#) to [645D.580](#), inclusive.
2. An applicant must submit to the Division a log of the inspections he observed on a form supplied by the Division.

(Added to NAC by Real Estate Div. by R214-97, eff. 5-11-98; A by R177-01, 5-20-2002; R177-01, 5-20-2002)

APPLICANT'S NAME (PRINTED): _____
(LAST NAME), (FIRST NAME)

NOTE: IF ALL 25 INSPECTIONS ARE NOT COMPLETED BY THE SAME INSPECTOR, A SEPARATE FORM MUST BE USED.

No.	DATE	CLIENT'S LAST NAME	PROPERTY ADDRESS	CITY	ZIP	CERT. No.	INSPECTOR'S SIGNATURE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

No.	DATE	CLIENT'S LAST NAME	PROPERTY ADDRESS	CITY	ZIP	CERT. No.	INSPECTOR'S SIGNATURE
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

***I hereby affirm the above listed inspections were performed by me and observed by the above named applicant.
I declare under penalty of perjury under law of the State of Nevada that the foregoing information is true and correct.***

Executed on: _____ **20** _____
 (Date)

 (Signature of Certified General/Master Inspector)

 (Print name of Certified General/Master Inspector)

 (Address)

 (City, State and Zip)

 (Office Phone Number)

 (Cell Phone Number)